FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G92942** **(3)**

1. Corporation Name

DADE WEST, INC.

Principal Place of Business	Mailing Address
1321 PARTRIDGE PL NO. BOYNTON BCH. FL 33436	1321 PARTRIDGE PL NO. BOYNTON BCH. FL 33436

2. Principal Place of Business
21 2900 High Ridge Road
Suite, Apt. #, etc.
22
City & State
23 Boynton Beach, FL
Zip 24 33426 Country 25 U.S.A.

2a. Mailing Address
26 2900 High Ridge Road
Suite, Apt. #, etc.
27
City & State
28 Boynton Beach, FL
Zip 29 33426 Country 30 U.S.A.

3. Date Incorporated or Qualified: 03/26/1984

3a. Date of Last Report: 06/12/1995

4. FEI Number: 59-2551943 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FENDER, T.D.
1321 PARTRIDGE PL.,N.
BOYNTON BCH. FL 33436

10. Name and Address of New Registered Agent

81 Name: Fender, T.D.
82 Street Address (P.O. Box Number is Not Acceptable): 2900 High Ridge Road
83
84 City: Boynton Beach FL 85 Zip Code: 33426

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, type or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PTD	☐ DELETE
NAME	FENDER, T. D.	
STREET ADDRESS	1321 PARTRIDGE PLACE N.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	V	☐ DELETE
NAME	ASTLER, VERNON, B., DR.	
STREET ADDRESS	4772 S LAKE DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	S	☐ DELETE
NAME	PARHAM, HAROLD, DR.	
STREET ADDRESS	3946 MCGIRTS BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PTD	☐ Change ☐ Addition
1.2 NAME	Fender, T.D.	
1.3 STREET ADDRESS	2900 High Ridge Road	
1.4 CITY-ST-ZIP	Boynton Beach, FL 33426	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T D Fender 4-1-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #