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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H89945 (0)

1. Corporation Name
AMERICAN CONSOLIDATED LABORATORIES, INC.

Principal Place of Business

1640 N. MARKET DR
RALEIGH NC 27609

Mailing Address

1640 N. MARKET DR
RALEIGH NC 27609-2517



3. Date Incorporated or Qualified 12/11/1985	3a. Date of Last Report 07/01/1996
4. FEI Number 59-2624130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PINZEL, BONNIE J
201 N FRANKLIN ST SUITE 2700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	ARENA, JOE	
STREET ADDRESS	1640 N. MARKET DR	
CITY - ST - ZIP	RALEIGH NC 27609	
TITLE	P	<input type="checkbox"/> DELETE
NAME	O'NEAL, JIMMY G	
STREET ADDRESS	1640 N. MARKET DR	
CITY - ST - ZIP	RALEIGH NC 27609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICKERSON, THOMAS P	
STREET ADDRESS	ONE GREENWICH PLZ	
CITY - ST - ZIP	GREENWICH CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TULLIS, JAMES L L	
STREET ADDRESS	ONE GREENWICH PLZ	
CITY - ST - ZIP	GREENWICH CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEUSCHELER, JOAN	
STREET ADDRESS	ONE GREENWICH PLAZA	
CITY - ST - ZIP	GREENWICH CT	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	KIRKHAM, KENNETH C	
STREET ADDRESS	1640 N. MARKET DR	
CITY - ST - ZIP	RALEIGH NC 27609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 (919) 872-0744

CR2E034 (9/96)