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FILED  
Apr 21 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 # J24978

(5)

1. Corporation Name

DR. SHIFFER LABORATORIES, INC.

Principal Place of Business

Mailing Address

4901 PALM BEACH BLVD., #105  
P.O. BOX 50609  
FT. MYERS FL 33905-7609

4901 PALM BEACH BLVD., #105  
P.O. BOX 50609  
FT. MYERS FL 33905-3251

3. Date Incorporated or Qualified

07/21/1986

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 33994

Country

28 Zip 33994

Country

4. FEI Number

59-2688402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

MOORE, JERRY R.  
4402 E. RIVERSIDE DR.  
FT. MYERS FL 33905

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]*

(NOTE: Registered Agent signature required when reappointing)

4/14/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME MOORE, JERRY R.  
STREET ADDRESS 4402 E. RIVERSIDE DR.  
CITY-ST-ZIP FT. MYERS FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME MOORE, LINDA J.  
STREET ADDRESS 4402 E RIVERSIDE DR.  
CITY-ST-ZIP FT. MYERS FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME CHESNUT, PATTI ANN  
STREET ADDRESS 1340 WHEATLAND WAY  
CITY-ST-ZIP LAS VEGAS NV

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 137 GIBSON ST.  
3.4 CITY-ST-ZIP FT. MYERS, FL 33905

TITLE ☐ DELETE  
NAME MOORE, D. SCOTT  
STREET ADDRESS 498 N.W. FLETCHER ST.  
CITY-ST-ZIP PORT CHARLOTTE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME MOORE, STEVEN L.  
STREET ADDRESS 4351 RIVER GROVE LANE  
CITY-ST-ZIP FT. MYERS FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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]*

4/14/97 694,5720

CR2E034 (9/96)