

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J99665 (8)</b> 1. Corporation Name <b>HUMANALYSIS INC.</b>			
Principal Place of Business <b>C/O DOUGLAS B. ELAM 1917 BLOSSOM LANE MAITLAND FL 32751</b>		Mailing Address <b>C/O DOUGLAS B. ELAM 1917 BLOSSOM LANE MAITLAND FL 32751</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified <b>10/27/1987</b>	
21. Suite, Apt. #, etc.		4. FEI Number <b>59-2859716</b>	
22. City & State		Applied For Not Applicable	
23. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26. Suite, Apt. #, etc.		9. Name and Address of Current Registered Agent <b>ELAM, DOUGLAS B. 1917 BLOSSOM LANE MAITLAND FL 32751</b>	
27. City & State		10. Name and Address of New Registered Agent	
28. Zip		81. Name	
29. Country		82. Street Address (P.O. Box Number is Not Acceptable)	
30. Country		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 <b>Douglas B. Elam</b> DATE <b>March 11, 1998</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	
PD ELAM, DOUGLAS B. 1917 BLOSSOM LANE MAITLAND FL		Maitland, Florida 32751-3530	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	
DS SAPORITO, MICHAEL 607 MORGAN WINTER SPRINGS FL		Winter Springs, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	
DTV SPEARS, ROBERT 3450 LILA DR. ORLANDO FL		Winter Springs, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	
D MCNUTT, ROBERT D 8750 ASPEN AVE. ORLANDO FL 32817		Winter Springs, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	
V MILLER, RAYMOND 10550 STRADFORD ROW ORLANDO, FL 32817		Winter Springs, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	
14. I 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: Robert D. McNutt <i>Robert D. McNutt</i> 3-11-98 (407) 658-3611			

CR2E034 (10/97)