SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(9)

RADD LABORATORY CORPORATION

Principal Place of Business Mailing Address 2450 HOLLYWOOD BLVD.. #603 2450 HOLLYWOOD BLVD.. #603 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1988 04/25/1995 4. FEI Number 2a. Mailing Address Principal Place of Business 65-0073560 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt #, etc 5. Certificate of Status Desired 22 27

City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 26 23 This corporation has liability for intengible tax under s 199.032 Country Ζıp Zip Yes 🔲 No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WAGNER, RONALD S MD Street Address (P.O. Box Number is Not Acceptable) 82 2450 HOLLYWOOD BLVD HOLLYWOOD FL 33020 83

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stalutes, 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

SIGNATURE (NOTE: Registered Agent signature required when re-instating) Signature, typed or printed name of registered agent and title if applicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 11 Tifus TITLE PD CR2E034 1.2 NAME WAGNER, RONALD S. NAME 1.3 STREET ADDRESS 2450 HOLLYWOOD BLVD. STREET ADDRESS HOLLYWOOD FL 1.4 CiTY - ST- ZIP CITY - ST - ZIP Change Addition DELETÉ 21 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY ST-7IP CITY-ST-ZIP Change Addition DELETE 4 1 TIFLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST-ZIP CITY - ST - ZIP

14. If do hereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and n an attachment with an address that my name appears in Block

SIGNATURE:

OFFICER OR DIRECTOR

8/1/96

Applied For

Fee Required

Zip Code

85

Not Applicable