

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

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Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L28319** (6)
1. Corporation Name
TOXICOLOGY CONSULTANTS, INC.



Principal Place of Business 123 NW 13TH ST 214 BOCA RATON FL 33432 US	Mailing Address 123 NW 13TH ST 214 BOCA RATON FL 33432 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7558 Andorra Place		2a. Mailing Address 26 7558 Andorra Place		3. Date Incorporated or Qualified 11/08/1989
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2082236
City & State 23 Boca Raton, FL		City & State 28 Boca Raton, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33433	Country	Zip 29 33433	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POUPKO, JAY 423 N-W 13TH ST 214 BOCA RATON FL 33432		81. Name * Address Change Only
		82. Street Address (P.O. Box Number is Not Acceptable) 7558 Andorra Place
		83.
		84. City Boca Raton FL 85. Zip Code 33433

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 **Jay Poupko** *Jay Poupko* **4/19/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must be a resident of Florida and a natural person.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	* Address Change Only
NAME	POUPKO, JAY	1.2 NAME	
STREET ADDRESS	423 N-W 13TH ST #214	1.3 STREET ADDRESS	7558 Andorra Place
CITY- ST- ZIP	BOCA RATON FL	1.4 CITY- ST- ZIP	Boca Raton, FL 33433
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 *Jay Poupko* **Jay Poupko** **4/19/98** **561-447-9444**

CR2E034 (10/97)