

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PM 11:24

**DOCUMENT # L44469 (9)**

1. Corporation Name  
**GUIDELINES ANALYTICAL LABORATORIES, INC.**

Principal Place of Business	Mailing Address
18441 NW 2ND AVE MIAMI FL 33169	18441 NW 2ND AVE MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/23/1990</b>	3a. Date of Last Report <b>04/18/1994</b>
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2. Principal Place of Business	2a. Mailing Address
21 10320 USA Today Way Suite, Apt. #, etc.	26 10320 USA Today Way Suite, Apt. #, etc.

4. FEI Number <b>65-0192358</b>	Applied For Not Applicable
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22 City & State	27 City & State
23 Miramar, FL	28 Miramar, FL

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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24 Zip	25 Country	29 Zip	30 Country
33025	Broward	33025	Broward

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**COHEN, DAVID**  
18441 NORTHWEST SECOND AVENUE, SUITE 300  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name <b>SAME</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>10320 USA TODAY WAY</b>
83
84 City <b>MIRAMAR</b>
85 Zip Code <b>FL 33025</b>

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 the filer) (application)

(NOTE: Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	COHEN, DAVID, M
STREET ADDRESS	18441 NW 2ND AVE
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	GOLUB, ALLYN, L
STREET ADDRESS	18441 NW 2ND AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	BELL, DANIEL, M
STREET ADDRESS	1001 S BAYSHORE DR
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	RAY, MICHAEL, P
STREET ADDRESS	2660 NW 105TH TERR
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COHEN, DAVID M.	
1.3 STREET ADDRESS	10320 USA Today Way	
1.4 CITY - ST - ZIP	Miramar, FL 33025	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GOLUB, ALLYN L.	
2.3 STREET ADDRESS	10320 USA Today Way	
2.4 CITY - ST - ZIP	Miramar, FL 33025	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BELL, DANIEL M.	
3.3 STREET ADDRESS	1001 S. Bayshore Dr.	
3.4 CITY - ST - ZIP	Miami, FL	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RAY, MICHAEL P.	
4.3 STREET ADDRESS	2660 NW 105th Terr	
4.4 CITY - ST - ZIP	Coral Springs, FL	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 agent 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.

**SIGNATURE:** *David Cohen* **31 MARCH 1995** (303) 493-7180

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Us, Fla. Form #