

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

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PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1997 JUL 24 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L44469 (9)**

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



Principal Place of Business <b>10320 USA TODAY WAY MIRAMAR FL 33025 US</b>	Mailing Address <b>10320 USA TODAY WAY MIRAMAR FL 33025 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>01/23/1990</b>	3a. Date of Last Report <b>06/27/1996</b>
4. FEI Number <b>65-0192358</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**COHEN, DAVID  
10320 USA TODAY WAY  
MIRAMAR FL 33025**

10. Name and Address of New Registered Agent

81 Name <b>SAME</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>5000 N. OCEAN BLVD.</b>	
83 <b>APT #711</b>	
84 City <b>FT. LAUDERDALE</b>	85 Zip Code <b>FL 33308</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>COHEN, DAVID, M</b>	
STREET ADDRESS	<b>10320 USA TODAY WAY</b>	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLUB, ALLYN, L</b>	
STREET ADDRESS	<b>10320 USA TODAY WAY</b>	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BELL, DANIEL, M</b>	
STREET ADDRESS	<b>1001 S. BAYSHORE DR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RAY, MICHAEL, P</b>	
STREET ADDRESS	<b>2880 NW 105TH TERR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

500002252825-6  
-07/30/97--01091--004  
\*\*\*\*165.00 \*\*\*\*165.00

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 REQUIRED 20 T 1997 (Ac) 133-3170

CFR2034 (4/97)

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**Guidelines Analytical  
Laboratories, Inc.**

*with an experienced  
sense of client needs*

22 July 1997

Division of Corporations  
Attention Annual Report  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Guidelines Analytical Laboratories  
Document #L44469**

On July 11, 1997, we received a 2<sup>nd</sup> notice for the 1997 filing of our Corporate Annual Report. We did not, however, receive a 1<sup>st</sup> notice.

Pursuant to my conversation this morning with the Division of Corporations and following their instructions, enclosed is our 1997 Annual Report and a check in the amount \$165.00. In past years we have filed our report in a timely manner. Because we did not receive the first notice, we missed the filing date.

We appreciate your consideration to waive any late filing charges.

Cordially,

Caren R. Bezack  
Controller

Gis-2/10-annlrpt