

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

014603

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90042 007 ***150.00

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # L44469

1. Corporation Name
GUIDELINES ANALYTICAL LABORATORIES, INC.



| | |
|--|--|
| Principal Place of Business 10320 USA TODAY WAY MIRAMAR FL 33025 US | Mailing Address 10320 USA TODAY WAY MIRAMAR FL 33025 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified 01/23/1990 | |
| 21 | | 26 | | 4. FEI Number 65-0192358 | Applied For Not Applicable |
| Suite, Apt. #, etc | | Suite, Apt. #, etc | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 23 | | 28 | | | |
| Zip | Country | Zip | Country | | |
| 24 | 25 | 29 | 30 | | |

| | | | | | | | |
|--|--|--|--|---|---------------------|----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| COHEN, DAVID 5000 N. OCEAN BLVD APT 711 FT. LAUDERDALE FL 33308 | | | | 81 Name | COHEN, DAVID H. | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 1700 S. OCEAN BLVD. | | |
| | | | | 83 | #12 A | | |
| | | | | 84 City | Pompano Beach | 85 State | FL |

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 re-registering.) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | STD <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, DAVID, M | 12 NAME | |
| STREET ADDRESS | 10320 USA TODAY WAY | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MIRAMAR FL | 14 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLUB, ALLYN, L | 22 NAME | |
| STREET ADDRESS | 10320 USA TODAY WAY | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MIRAMAR FL | 24 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELL, DANIEL, M | 32 NAME | |
| STREET ADDRESS | 1001 S. BAYSHORE DR. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 34 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAY, MICHAEL, P | 42 NAME | |
| STREET ADDRESS | 2660 NW 105TH TERR | 43 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, on an attachment with an address, with all other like empowered

SIGNATURE: _____ Date: February 28, 1999 Daytime Phone #: 954-433-7480

CR2E034 (11/98)