

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 04 1996 8:00 am
Secretary of State

DOCUMENT # L66356 (1)

1. Corporation Name

ALLERGY ASSAYS, LTD., INC.



Principal Place of Business

%GARY A KITOS
5100 W COPANS ROAD #600
MARGATE FL 33063

Mailing Address

%GARY A KITOS
5100 W COPANS ROAD #600
MARGATE FL 33063

3. Date Incorporated or Qualified
04/16/1990

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

21 908 NW 57th ST

2a. Mailing Address

26 908 NW 57th ST.

Suite, Apt. #, etc.

22 Suite G

Suite, Apt. #, etc.

27 Suite G

City & State

23 Gainesville, FL

City & State

28 Gainesville, FL

Zip

24 32605

Country

Zip

29 32605

Country

30

4. FEI Number

65-0190535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KITOS, GARY A

~~5100 W COPANS ROAD #600~~
MARGATE FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

908 NW 57th ST.

83 Suite G

84 City

Gainesville

FL

85 Zip Code

32605

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 identity applicable:

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DV
MIGNATTI, ROBERT A
STREET ADDRESS 6202 ROYAL BIRKDALE
CITY - ST - ZIP AUSTIN TX

TITLE ☐ DELETE

NAME DP
KITOS, GARY A
STREET ADDRESS 3682 NW 73RD WAY
CITY - ST - ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME D
GARRITY, KEVIN
STREET ADDRESS ~~2022 BRISBONE RD.~~
CITY - ST - ZIP AUSTIN TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

8017 SW 61ST ST.
Gainesville, FL 32608

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

6405 Poncha Pass
Austin, TX 78749

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/96 5123280732

CR2E034 (12/95)