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

CORPORATION



Secretary of State

## **PROFIT** FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT

## **FILED** Apr 25 1997 8:00am Secretary of State

1997 DIVISION OF COMPORATIONS						Secretary of State		
1. Corporation	MENT # <b>P93000</b> LABS, INC.	00767	8 (4)					) 
Principal Place of Business Mailing Address						} I LOOTEBAN KIR IDIOO KATU BATU BAHU OOTIN ABKIR OOTIN KOTE BIKK DEDU INTI KOOT .		
131 TOMAHAWI			LAWK DRIVE					
SUITE 98	UR BEACH FL 32937	SUITE 98	RBOUR BEACH FL	92027.964	2			
US	UN DERVIN FE SEOST	US				3. Date Incorporated or Qualified 01/27/1993	3a. Date of Las 04/30/1996	
	hace of Business	2a. Mailin	g Address			4. FEI Number	ļ	Applied For
Suite, Apt	#, etc.	26 Suite,	Apt. #, etc.			59-3166097	□ \$8.7	Not Applicable  5 Additional
22		27	Otto		-,	5. Certificate of Status Desired	Fee Fee	Required
City & State 23	0	City &	State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Z <sub>i</sub> pi	Country	Zip		Country	<del>- , , .i</del> '	8. This corporation has liability for		
24	25	29	30	0	*		Yes No	······································
	9. Name and Address of Curre	ent Registered A	gent	B1	l Name	10. Name and Address of New Re	glstered Agent	
	, ROBERT J			B1	Name		<u> </u>	
SUIT	Tomahawk Drive F 9r		82			fress (P.O. Box Number is Not Acceptat	ole)	
	AN HARBOUR BEACH FL 3293	7		83				
				84	City		FL B5 Z	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508	3. Florida Statutes.	the above	e-named corr	poration submits this statement for the p		a its reaistered
office or r	egist red agent, or both, in the stat	e of Florida, Suc	h change was aut	horized by da Statute	the corpora	poration submits this statement for the patients board of directors. I hereby accept	ot the appointment	as registered
SIGNATURE	Kowal L	R	sbert .T.	Kim.	e. Vie	ce-President	4/18/9	7
		gon; and title if applica-	ble (NOTE F		ent signature requi	ired when reinstating)	DATE.	000 11140
<b>12.</b> Դուք	The second secon		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	Change		
NAME	KIME, ROBERT J	· · · · · · · · · · · · · · · · · · ·		1,2 NAME			<del></del>	,
STREET ADDRESS	1850 CHARLESMONT DR., AP	PT. 136	136		ADDRESS			ļ
CHTY-ST-70P	INDIALANTIC FL				T-ZiP			
TIBLE			2.1 TITLE			[] Chang	ge [] Addition	
NAVE	Doherty, Teresa   1850 Charlesmont Dr., Ap	T 406		2.2 NAME				,
STREET ADDRESS	I 1000 CHARLESMONT DR., AP INDIALANTIC FL	1, 130		2.3 STREET	- 1			ł
CITY ST-ZIP TITLE	MUNICATIO I E	<del></del>	DELETE	2. 4 CITY~: 3.1 TITLE	ST-ZIP		[ ] Chanc	ge Addition
NAME				3.2 NAME				:::::::
STREET ADDRESS				3.3 STREET	ADDRESS .			
CITY - S.E - ZIP		···		3 4. CITY-	ST-ZIP			·
THE			☐ DELETE	4.1 TITLE			Chang	ge 🔲 Addition
NAME				4, 2 NAME				
STREET ADORESS				4.3 STREET				
CHY-ST-ZiP TIFLE			DELETE	4.4 CITY - S 5.1 TITLE	st-ZiP		[ ] Chan	ge Addition
NAME			Cond workers.	5.2 NAME			La Cidii	,, , ,
STREET ADORESS				5.3 STREET	ADDRESS			
CITY-54-7#				5.4 CITY - 8				
1 ILF	The same of the sa		DELETE	6.1 TITLE			Chan	ge 🔲 Addition
NAME				6.2 NAME				
STREET ADDRESS				63 STREET	ADDRESS			
City . \$1, 7#	1			64 City - 9	2T. 7/P			

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 on an attachment with an address.

SIGNATURE:

0104512