

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT #  
1. Corporation Name  
*International Laboratory Technology Corporation*  
*P930000039013*

Principal Place of Business: *3475 Sheridan St. #316 Hollywood, FL 33021*  
Mailing Address: *3389 Sheridan St. -#149 Hollywood, FL 33021*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>3475 Sheridan St.</i>		2a. Mailing Address 26 <i>3389 Sheridan St.</i>		3. Date Incorporated or Qualified <i>5-23-93</i>	
Suite, Apt. #, etc. 22 <i>316</i>		Suite, Apt. #, etc. 27 <i>149</i>		4. FEI Number <i>65-0413741</i>	
City & State 23 <i>Hollywood, FL</i>		City & State 28 <i>Hollywood, FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 <i>33021</i>	Country 25 <i>USA</i>	Zip 29 <i>33021</i>	Country 30 <i>USA</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent			
81 Name	<i>David E. Moll</i>		
82 Street Address (P.O. Box Number is Not Acceptable)	<i>3900 Hyde Park Circle</i>		
83			
84 City	<i>Hollywood</i>	85 State	<i>FL</i>
		86 Zip Code	<i>33021</i>

11. Pursuant to the provisions of Sections 607 (6)(c) and 607.15(8), 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: *David E. Moll* *President+CEO* DATE: *4/28/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>President+CEO</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>David E. Moll</i>	1.2 NAME	
STREET ADDRESS	<i>3900 Hyde Park Circle</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Hollywood, FL 33021</i>	1.4 CITY-ST-ZIP	
TITLE	<i>Chairman</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Paul A. Marshand</i>	2.2 NAME	
STREET ADDRESS	<i>1171 71st St.</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Miami Beach, FL 33141</i>	2.4 CITY-ST-ZIP	
TITLE	<i>Secretary/Treasurer</i>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Jeffrey B. Rubin</i>	3.2 NAME	
STREET ADDRESS	<i>8980 SW 117th St.</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Miami, FL 33176</i>	3.4 CITY-ST-ZIP	
TITLE	<i>V.P. Product Development</i>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Victor J. Staats</i>	4.2 NAME	
STREET ADDRESS	<i>5740 Adair Way</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Lake Worth, FL 33467</i>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, or on an attachment with an address.

SIGNATURE: *David E. Moll* *David E. Moll* DATE: *4/28/98* *954-893-1118*

CR2E034 (10/97)