FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:05

DOCUMENT # **P93000043585 (7)**

1. Corporation Name
SUNCOAST LABORATORIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2525 DAVIE RD. **SUITE 330** **DAVIE FL 33317**	**2525 DAVIE RD.** **SUITE 330** **DAVIE FL 33317**

3. Date Incorporated or Qualified: **06/21/1993**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **65-0423082** ☐ 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

ROSEN, LAWRENCE N
133 SEVILLA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME	MINSKI, JOSE	12 NAME	MEYER MINSKI
STREET ADDRESS	2525 DAVIE RD., SUITE 330	13 STREET ADDRESS	2525 DAVIE ROAD SUITE 330
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP	DAVIE FL 33317
TITLE	VDS	21 TITLE	VICE- PRESIDENT/SEC/DIR ☒ Change ☐ Addition
NAME	MINSKI, MEYER	22 NAME	JOSE MINSKI
STREET ADDRESS	2525 DAVIE RD., SUITE 330	23 STREET ADDRESS	2525 DAVIE ROAD SUITE 330
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP	DAVIE FL 33317
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	WHITE, ROBERT	32 NAME	
STREET ADDRESS	2525 DAVIE RD., SUITE 330	33 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	MINSKI, RUBEN	42 NAME	
STREET ADDRESS	2525 DAVIE RD., SUITE 330	43 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: _____ 04/12/95 (305) 474-6366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

082700 CP