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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P93000043585 (7) **DOCUMENT #**

1. Corporation Name

SUNCOAST LABORATORIES, INC.

Mailing Address

FILED Mar 21 1996 8:00 am Secretary of State



0000 DAVE I	BD.	ACAP DAVIE DA						
2525 DAVIE I SUITE 330	KD.	2525 DAVIE RD. Suite 330						
DAVIE FL 33317		DAVIE FL 33317		3. Date incorporated or Qualified 06/21/1993	3a. Date of Last Report 04/17/1995			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	·		Applied For
]		26		-	65-0423082			Vot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip	Country 25	Z _i p 29	Country 30	/		□No		199.032,
1	g. Name and Address of Curre	ent Registered Agent		·	10. Name and Address of New F	legistered A	gent	
			81	Name				
ROSEN, LAWRENCE N			82	Street Address (P.O. Box Number is Not Acceptable)				
	VILLA AVENUE		83					
CORAL	GABLES FL 33134		83	1				
			84	City		FI	85 Zış	o Code
1 Duranantt	to the provisions of Sections 607.050	32 and 607 1508 Florida Statu	tos the above	named como	oration submits this statement for the pu	pose of char	l I raina its ri	eaistered off
or registere	red agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was authori	zed by the corp	poration's boo	and of directors. Thereby accept the app	ontment as r	egistered	agent. Lam
	th, and accept the boligations of, sec	Clion 607.0505, Florida Statute	:5.					
IGNATURE _	Signature, typed or printed name of registered age					DATE		
	algriature, types or printed halfe or registeres ogs	ant and title if applicable (N	lOft: Registered Agr	ad signature require	ed when renstating)	E ~ 11 C		
2.		ND DIRECTORS	IOTE: Registered Agr	ad signature require	ADDITIONS/CHANGES TO OFF	ICERS AND		
	OFFICERS AT			ad signature require		ICERS AND	DIRECTO Change	
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I do hereby certify that the information bull blied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(8), Honda Statutes. 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 charteed or on an attachment with an address.

SIGNATURE: _

MEYER MINSKI SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/15/96 954-474-9608 Daytona Prioric #