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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 21 1998 8:00am Secretary of State

DOCUMENT # P93000071842 (7) s.p.f. consulting labs, inc.									
Principal Place of Business Mailing Address								(1 0 0 10 1 10 0 0 0 1 1 1 0 0 0 1 1 0 1	018KB (101 100)
	80 SW 12TH ST		•	V 12TH ST					
FT LAUDERDALE FL 33317 FT LAUDERDALE FL 33317					17				
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							10/18/1993		
2.	Principal Place of Bu	2a. Mailing Address				4. FEI Number		Applied For	
21		26				15-5045581		Not Applicable	
_	Suite, Apt. #, etc.	<b>├</b> ─┐	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22			27]					<del> </del>	Required
23	City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
	Zip	Country		Zip Cour		,	+		
24		25					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
9, Name and Address of Current Registered Agent							10. Name and Address of New Reg		
VAUGHAN, CHRISTOPHER D.						Name		· · · · · · · · · · · · · · · · · · ·	
4780 SW 12TH ST.						0			····
				82 Street Add			ess (P.O. Box Number is Not Acceptab	le)	
FT. LAUD FL 33317					83				
					84	City		FL 85 Zi	p Code
11	Pursuant to the prov	asions of Sections 607.050	2 and 607 160	8. Florida Statut	es the above	e-named corn	oration submits this statement for the n	urnose of changing	its registered
•••	office or registered agent. I am familiar	agent or both in the State	oration submits this statement for the p ion's board of directors. I hereby accep	It the appointment	as registered				
	NATURE			4€m€./	NELHOL	, (v		12/34/4	<b>7</b>
	Signature typ	oed or pointed name of construct age OFFICERS AN				ant signature require	ed when reinstating)	DATE /	200 11 40
12.	·   D	OFFICERS AN	DIRECTORS	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	
	MILIOUAN OMNOTORNED O			<del>-</del>					, C vacation
NAN	4900 OH 407H OT			1.2 NAME 1.3 Street Addre					
	ET LAUDEDDALE EL ON								
		OUCHUALE FE 33317	DELETE DELETE		1.4 CITY - S	17-7IP		Change	e Addition
TITL	1							L_J Change	E L. Addition
NAM					2.2 NAME				
	ET ADDRESS				2.3 STREET				
	-ST-ZIP			Delete	2.4 CITY-1	ST-ZIP		Charac	- I talation
TITL	ľ			☐ DELETE	3.1 TITLE			☐ Change	e Addition
	NAME				3 2 NAME				
STR	ET ADDRESS				3 3 STREET				
	-ST-ZIP			Lociere	3.4. CITY-	ST-ZIP		Показа	
TITL				☐ DELETE	41 TITLE			L_J Change	Addition
NAM	E				4. 2 NAME				
STAI	ET ADDRESS			•	4.3 STREET	ADDRESS			
СПУ	-ST-ZIP				4.4 CITY - S	T-ZIP			
TAL				DELETE	5.1 TITLE			☐ Change	Addition
NAM	E				5.2 NAME				1
STRI	ET ADDRESS				5.3 STREET	ADDRESS			
CITY	-ST-ZIP	<u> </u>			5.4 CITY - S	T - ZIP			
TiTL		•		☐ DELET <b>E</b>	6.1 TITLE			Change	Addition
NAM	E				6.2 NAME				
STR	ET ADDRESS				6.3 STREET	ADDRESS			[
CITY	- ST - ZIP				6.4 CITY - S	T- ZIP			
		the information supplied us	th this Idina de	on not qualify to			Section 119 07(3)(i) Florida Statutes Li	further certify that the	he information

14. I hereby certify that the information supplied with this filling 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 of rustice empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 and a contract that my name appears in the same legal effect as if made under oath; the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the receiv

CIONATURE.

1/3/98