

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

FILED  
May 20 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000012451 (8)**  
 1. Corporation Name  
**COLLINS PC LABS, INC.**



Principal Place of Business <b>401 OCEAN BLUFFS BLVD. SUITE 101 JUPITER FL 33477</b>	Mailing Address <b>401 OCEAN BLUFFS BLVD. SUITE 101 JUPITER FL 33477</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>Collins PC Labs, Inc.</b> Suite, Apt. #, etc. <b>N/A</b> 22 <b>N/A</b> City & State <b>Tellico Plains, TN</b> Zip <b>37385</b> Country <b>USA</b>		2a. Mailing Address 26 <b>707 Hwy 165</b> Suite, Apt. #, etc. <b>N/A</b> 27 <b>PO Box 1016</b> City & State <b>Tellico Plains, TN</b> Zip <b>37385</b> Country <b>USA</b>		3. Date Incorporated or Qualified <b>02/15/1994</b>	4. FEI Number <b>65-0468703</b> Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 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

Signature typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>Jerry L Collins</b>
NAME	<b>COLLINS, JERRY L</b>	1.2 NAME	<b>PO Box 1016 707 Highway 165</b>
STREET ADDRESS	<b>401 OCEAN BLUFFS BLVD., SUITE 101</b>	1.3 STREET ADDRESS	<b>Tellico Plains, TN 37385</b>
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	1.4 CITY-ST-ZIP	<b>Tellico Plains, TN 37385</b>
TITLE	<b>S&amp;T Treas.</b>	2.1 TITLE	<b>Grace P Collins S&amp;T Treas</b>
NAME	<b>Grace Collins</b>	2.2 NAME	<b>707 Highway 165</b>
STREET ADDRESS	<b>PO Box 1016 707 Hwy 165</b>	2.3 STREET ADDRESS	<b>Tellico Plains, TN 37385</b>
CITY-ST-ZIP	<b>Tellico Plains</b>	2.4 CITY-ST-ZIP	<b>Tellico Plains, TN 37385</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: **Jerry L Collins** **U 24 80 1423253.28/1**

CR2E034 (10/97)