

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000018519 (6)**
1. Corporation Name
HABILIS DIAGNOSTICS, INC.

03/04/1994 PM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~6000 N. HINES AVE., STE. 8001~~ ~~6000 N. HINES AVE., STE. 8001~~
~~TAMPA FL 33614~~ ~~TAMPA FL 33614~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	3615 W. Waters Ave	26	3615 W. Waters Ave	03/04/1994			
22. Suite, Apt. #, etc. 129		27. Suite, Apt. #, etc. 129		4. FEI Number 59-3229340		Applied For Not Applicable	
23. City & State TAMPA, FL.		28. City & State TAMPA, FL.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
24. Zip 33614		25. Hillsborough		29. 33614		30. Hillsborough	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

YORK, C L
~~6000 N. HINES AVE., STE. 8001~~
~~TAMPA FL 33614~~
3615 W. WATERS AVE. #129
TAMPA, FL. 33614

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V.P.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. MEGILL	12 NAME	
STREET ADDRESS	3615 W. WATERS AVE. #129	13 STREET ADDRESS	
CITY, ST, ZIP	TAMPA, FL. 33614	14 CITY, ST, ZIP	
TITLE	Pres.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C.L. YORK	22 NAME	
STREET ADDRESS	3615 W. WATERS AVE. #129	23 STREET ADDRESS	
CITY, ST, ZIP	TAMPA, FL. 33614	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(9)(b), 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 prepare 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: *C.L. York* - PRGS.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C.L. YORK

4-26-95 (813)
915-0660
Typed Name