

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000018519 (6)

1. Corporation Name
HABILIS DIAGNOSTICS, INC.



Principal Place of Business: 3615 WEST WATERS AVE STE 129 TAMPA FL 33614 US
Mailing Address: 3615 WEST WATERS AVE STE 129 TAMPA FL 33614 US

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3229340
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

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

9. Name and Address of Current Registered Agent
**YORK, C L
3615 WEST WATERS AVE
STE 129
TAMPA FL 33614**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 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: _____ DATE: _____
Signature, typed or printed name of registered agent and term of application. (NOTE: Registered Agent signature required when renouncing.)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VP	<input type="checkbox"/>
NAME	MCGILL, J.	
STREET ADDRESS	3615 WEST WATERS AVE #129	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/>
NAME	YORK, C.L.	
STREET ADDRESS	3615 WEST WATERS AVE #129	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETE	Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY-ST-ZIP				
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME				
6.3 STREET ADDRESS				
6.4 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)(k), 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: *J. McGill* J. McGill V.P. 5-30-96 915-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)