

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 # *P941 000081234*

1. Corporation Name
Fuel Buster Laboratories, Inc.

Principal Place of Business
**5300 W Atlantic Ave
Suite 400
Delray Beach, FL 33484**

Mailing Address
**5300 W Atlantic Ave
Suite 400
Delray Beach, FL 33484**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**William J. Hyland, Jr.
Watterson, Hyland, Baird & Klett, P.A.
11380 Prosperity Farms Rd, Suite 112
Palm Beach Gardens, FL 33410**

3. Date Incorporated or Qualified

11/04/1994

3a. Date of Last Report

4/25/95

4. FEI Number

65-0531333

Applied For

Not Applicable

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

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

Signature typed or printed name of registered agent and the applicant

NOTE: Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	☐ DELETE
NAME	Constantine Peter Chambers	
STREET ADDRESS	5300 W Atlantic Ave, Suite 400	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	VP/D	☐ DELETE
NAME	Ronald E. Thames	
STREET ADDRESS	104 Timber Ridge	
CITY-ST-ZIP	Peachtree City, GA 30269	
TITLE	S/T/D	☐ DELETE
NAME	William J. Hyland, Jr.	
STREET ADDRESS	11380 Prosperity Farms Rd, Suite 112	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**600001786476
-04/19/96--01009--001
***208.75**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. J. Hyland, Jr.
William J. Hyland, Jr.

4-11-96

(407) 627-6202

DATE DAYTIME PHONE #

SC 4-18-96

CR2E034 (12/95)