## 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

DOCUMENT # P95000046611 (6)

DSS LABORATORY, INC.

FILED
May 14 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address			FOID BAILD DIAWY DEBUT DIRK SOUF
1969 N UNIVERSITY DR	1868 N UNIVERSITY AVI			
STE 106	STE 106			
PLANTATION FL \$3322 US	PLANTATION FL 33322		DO NOT WRITE IN THE	S SPACE
03	US		3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		06/12/1995	
21	<b>├</b> ─¬ ~		4. FEI Number	Applied For
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		65-0640018	Not Applicable
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing	
23	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	
24 25	29	30	Personal Properly Tax due June 30.	Yes X No
g, Name and Address of Current	Registered Agent		10. Name and Address of New Registers	
GREEN, RICHARD R.		81 Name		
MERCEDE EXECUTIVE PARK		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
1868 N UNIVERSITY DR #106		oocriidan	COO (1.10. DOX 14011DC) 10 1401 / CCCOptable)	]
PLANTATION FL 33322		83		
		84 City		85 Zip Code
			F	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607.1508, Florida Statu	tes, the above-named corporation	oration submits this statement for the purpose	of changing its registered
agent I am familiar with, and accept the obligati	ons of, Section 607.0505, Fi	orida Statutes.	on's board or directors, i hereby accept the ap	opointment as registered
SIGNATURE				
Signature typed or printed name of registered agent		Hag-stored Agent signature require		
TILE P OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME GREEN, RICHARD R	C) DECERE	1.1 TITLE		L] Change L  Addition
STREET ADDRESS 1868 N UNIVERSITY DR SUITE	106	1.2 NAME		
MANITATION D	100	1.3 STREET ADDRESS		
CITY-ST-ZIP PLANIATION PL	DELÉTÉ	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	OLLET	2.1 TITLE		Change Cayoning
STREET ADDRESS		2.3 STREET ADDRESS		
CHY-ST-ZIP				
TITLE	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		3.2 NAME	•	C out do C vancion
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME	_	5.2 NAME		
STREET ADDRESS		5.3 STREET AUDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		Wit Olly Oll Fill		
NAME	DELETE	6.1 TITLE		Change Addition
	☐ DELETE			Change Addition
STREET ADDRESS	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		☐ Change ☐ Addition

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 positive of the exemption of the corporation or the positive of the same legal effect as if made under oath; that I am an officer or director of the corporation or the positive of the corporation or the positive of the same legal effect as if made under oath; that I am an officer or director of the corporation or the positive of the corporation of the corporation or the positive of the corporation of the corporatio

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