

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>96000002147</b>			
1. Corporation Name <b>ACCU-DIAGNOSTICS, INC.</b>			
Principal Place of Business		Mailing Address	
4200 N W 16th Street -Ste 305 LAUDERHILL, FL 33313			
2. Principal Place of Business		2a. Mailing Address	
21 4200 NW16th Street-Ste 305	26	4. FEI Number 65-0654948	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 LAUDERHILL, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33313	Country 25 Broward	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GILBERT EDWARDS 4200 NW 16th Street-Suite 305 LAUDERHILL, FL 33313		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 _____ (Separate typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	NAME SHERON SHIPPY 3029 tarp Road MIAMI, FL 33062	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME
TITLE <input type="checkbox"/> DELETE	NAME GILBERT EDWARDS P D T 4200 N W 16th Street - Suite 305 LAUDERHILL, FL 33313	13 STREET ADDRESS	14 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME
TITLE <input type="checkbox"/> DELETE	NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME
TITLE <input type="checkbox"/> DELETE	NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME
TITLE <input type="checkbox"/> DELETE	NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME
TITLE <input type="checkbox"/> DELETE	NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME
TITLE <input type="checkbox"/> DELETE	NAME	63 STREET ADDRESS	64 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.		000002183840 -05/19/97--01168--014 ***165.00	
SIGNATURE: <i>Gilbert A. Edwards</i>		4/30/97 (954) 714-9043	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)