**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000015437

1. Corporation Name

JOSHUA LABS, INC.

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90158 031 \*\*\*150.00



						<b>     </b>	
Principal Place	e of Business	Mailing Address					
8677 SW 1ST PLACE 8677 SW 1ST PLACE							
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071						TUID 004.05	
7					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
ľ					02/15/1996	<del></del>	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<del></del>	lied For
21		26			65-0644840		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27		. د ، بسید	5. Octatodo de Otatos Dosildo	<u>_</u> Fee Rec	uired
City & State	8	City & State			6. Election Campaign Financing	\$5.00 +	May Be
23	•	28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current ye	ear Intangible	
24	25 29 30		30	Personal Property Tax. Yes No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regist	tered Agent	
		···	1	81 Name			
FENI	NELL, ROBERT D		L.		(D.O. Day Musel as in Net Assessable)		
8677	' SW 1ST PLACE		Ι,	B2 Street Add	ress (P.O. Box Number is Not Acceptable)		
COR	AL SPRINGS FL 33071		l.	83			
			[	84 City	<del></del>	FL 85 Zip C	ode
			45		tion out-wite this statement for the purpo		registered
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	of Florida, Such change was a	es, the ab uthorized	by the corporat	poration submits this statement for the purpoion's board of directors. I hereby accept the	appointment as reg	istered
agent. I a	m familiar with and accept the oblig	adulis di, Section 607.0303, Fid	Signal	.55.		A 100	}
SIGNATURE	Kalut A -	tennel!	to be	pt 1).	Fennell 4/	10/97	{
	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE	: Registered A	gent signature require		TE P	20 114 40
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE				FI		□ Change	E1Addition I
	P	☐ DELETE	1.1 TITL	~		☐ Change	Addition
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NAME STREET ADDRESS	'	∐ DELE1E	1.2 NAN			☐ Change	Addition
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: