

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **AMERICAN CYCLE ENGINEERING MORILO**
1. Corporation Name **DIAGNOSTICS, INC.**

P960000421UP

1006 HAWIE ST **1006 HAWIE ST**
Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 5-16-96	3a. Date of Last Report
21 1006 HAWIE ST	26 1006 HAWIE ST	4. FEI Number 65-0670014		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 30 PITT ST FL	28 30 PITT ST FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33458	25 PAHAM BOACH	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAXINE A. NOEL, Esq.		81 Name	
217 E. OCEAN BLVD.		82 Street Address (P.O. Box Number is Not Acceptable)	
STUART, FL 34995		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 title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTSD	12 NAME	
STREET ADDRESS	GLENN P. WHITE	13 STREET ADDRESS	
CITY-ST-ZIP	1006 HAWIE ST	14 CITY-ST-ZIP	
	SUP. TAY FL 33458	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	22 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS		24 CITY-ST-ZIP	
CITY-ST-ZIP		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	32 NAME	
NAME		33 STREET ADDRESS	
STREET ADDRESS		34 CITY-ST-ZIP	
CITY-ST-ZIP		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	42 NAME	
NAME		43 STREET ADDRESS	
STREET ADDRESS		44 CITY-ST-ZIP	
CITY-ST-ZIP		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	52 NAME	
NAME		53 STREET ADDRESS	
STREET ADDRESS		54 CITY-ST-ZIP	
CITY-ST-ZIP		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	62 NAME	
NAME		63 STREET ADDRESS	
STREET ADDRESS		64 CITY-ST-ZIP	
CITY-ST-ZIP		800002159878	
		-04/30/97--01022--022	
		***165.00	

14. I do 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 is stated 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: **Glenn P. White** **Glenn P. White** **4-23-97 -744-0562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)