SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Sep 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045248 (7) 1. CORPORATION NAME LAB DEVELOPMENT CORP.									II POKU BUDA BUKU KETI	ARAN KAN KAN
Principal Place of Business 9711 52ND AVENUE EAST BRADENTON FL 34202				8711 5	Mailing Address 8711 52ND AVENUE EAST BRADENTON FL 34202			110 12112 1 1111 16 111 6 8111 16 11		8.10.61 1611 1891
							<u> </u>		IN THIS SPACE	<u> </u>
							05/29/1	orporated or Qualified	3a. Date of La	st neport
2. Principal P	Principal Place of Business				2a. Mailing Address			per		Applied For
21					. A. I. #		39-	1873413		Not Applicable
22 Suite, Apr.	Sulte, Apt. #, etc.				ite, Apt. #, etc.		5. Certificat	e of Status Desired		75 Additional e Required
	City & State				y & State		6. Election (Dampaign Financing	\$5.	00 May Be
23	Country			28				Trust Fund Contribution Added to Fees		
Zip 24		25	ntry	29 Zij)	Country 30		oration owes or has pa Property Tax due Jung		r Intangible No
			dress of Curre		Registered Agent			10. Name and Address of New Registered Agent		
BALVANZ, LORAN R 8711 52ND AVENUE EAST BRADENTON FL 34202 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1170 Fourth Street 83 Zip Cod									Zip Code	
11. Pursuant to the provision of Sections 607.0912 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. The eby accept the appointment as registered agent. I am familiar with, and accept the origination of, Section 607.0505, Florida Statutes. SIGNATURE										
	Signalure (57)60	or printed n	añie of riigislered a			VOTF: Registered Agent signature re			DATE	
12.			OFFICERS A	ND DIRECTO	RS DELETE	13.	ADDITION	S/CHANGES TO OFFIC	CERS AND DIRECT	
TITLE NAME	borav	· *· ·	Kaluarz			1.1 TITLE 1.2 NAME	Lovan R.	Reluna		Ac T Vinitini
STREET ADORESS	Chi		Avenue	Bast	•	1.3 STREET ADDRESS	8011 52	Locuve En	51	ļ
CITY-ST-ZIP	Bras		Ph	34207		1.4 CITY - \$1 - ZIP	Branden	en, FL 35	1202	
TITLE					DELETE	2.1 TOLE			☐ Chan	nge 🔲 Addition
NAME	l					2.2 NAME				
STREET ADDRESS	,					2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE					DELFTE	2. 4 CITY - S1 - ZIP 3.1 TITLE			Chan	nge Addition
NAME						3.2 NAME				
STREET ADDRESS						3.3 STREET ADDRESS				
CITY-ST-ZIP						3.4. City - St - ZIP				
TITLE	1				☐ DELETE	4 1 10TLE			[] Chan	nge 🔲 Addition
NAME	<u> </u>					4. 2 NAME				ļ
STREET ADDRESS	İ					4.3 STREET ADDRESS				ļ
CITY-ST-ZIP TITLE					DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		···	☐ Chan	nge Addition
NAME						5.2 NAME				
STREET ADDRESS						5.3 STREET ADDRESS				
CITY-ST-ZIP						5.4 CITY-ST-ZIP				
TITLE					DELETE	6.1 TITLE			☐ Chan	ige Addition
NAME						6.2 NAME				Ì
STREET ADDRESS	٠,			1		6.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>					6.4 CITY - ST - ZIP		07/01/2 51	14 11 22	
14. I do herel informatio I am an o appears i	by certify that on indicated of officer or direct in Block 12 o	t the info on this ar ctor of the r Block	rmation suppli inual report or e consuration 3 if changed	ed with this in sumplemental of the receive or on an attac	(ing does not que l'annual report i por trustes emp siment with an a	alify for the exemption sta is true and accurate and the lowered to execute this re- address.	ted in Section 119. hat my signature st port as required by	ਹਾ/(ਤ)(i), Florida Statute all have the same lega Chapter 607, Florida S	s. I further certify t al effect as if made statutes; and that r	nat the under oath, that ny name

CMATURE: \$ 50 197 (813)578-8560