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FILED

May 12 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 # P96000057966 (9)

1. Corporation Name  
PRO LABS INC.



Principal Place of Business

3601 CYPRESS GARDENS RD SUITE J  
WINTER HAVEN FL 33884

Mailing Address

3601 CYPRESS GARDENS RD SUITE J  
WINTER HAVEN FL 33884-2456

3. Date Incorporated or Qualified  
07/10/1996

3a. Date of Last Report  
none

2. Principal Place of Business

21 500-A 10th Ave So.  
Suite, Apt. #, etc.

2a. Mailing Address

26 500-A 10th Ave So.  
Suite, Apt. #, etc.

4. FEI Number

59-3383937

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 St. Petersburg FL

City & State

28 St. Petersburg FL

Zip

24 33701

Country

25 USA

Zip

29 33701

Country

30 USA

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BAER, JO V  
3601 CYPRESS GARDENS RD SUITE J  
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

500-A 10th Ave. South

83

84 City

St. Petersburg

FL

85 Zip Code

33701

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME BAER, JO V  
STREET ADDRESS 3601 CYPRESS GARDENS RD SUITE J  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition  
12 NAME  
13 STREET ADDRESS 500-A 10th Ave. South  
14 CITY-ST-ZIP St. Petersburg FL 33701

21 TITLE Change Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE Change Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE Change Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE Change Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE Change Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)