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May 07 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 # **P96000088583 (5)**

1. Corporation Name
SUN LAB 2000, INC.



Principal Place of Business 13191 STARKEY ROAD SUITE 9 LARGO FL 34643	Mailing Address 13191 STARKEY ROAD SUITE 9 LARGO FL 33773-1436
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 10/28/1996	3a. Date of Last Report
4. FEI Number 59-3404723	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	
FERGUSON, GREGORY 13191 STARKEY ROAD SUITE 11 LARGO FL 34643	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FERGUSON, GREGORY	1.2 NAME	
STREET ADDRESS	8357 125TH PL NO	1.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL 34643	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	KELLER, WAYNE	2.2 NAME	
STREET ADDRESS	2582 FRISCO DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34621	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	
NAME	POOLE, BRIAN G	3.2 NAME	
STREET ADDRESS	13480 RUSTIC PINES BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 34648	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	
NAME	AUGUST, EDWARD C	4.2 NAME	
STREET ADDRESS	16 HOLLY ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	CRANFORD AL 07016	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	VD
NAME		5.2 NAME	BENEDICT, DENNIS W.
STREET ADDRESS		5.3 STREET ADDRESS	419 MORGAN DR
CITY - ST - ZIP		5.4 CITY - ST - ZIP	HIGHLAND VILLAGE, TX
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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:  **BRIAN POOLE** TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4-19-97** Daytime Phone #: **813-531-7726**

CR2E034 (9/96)