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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

# DOCUMENT # P96000092719 (9)

#### SHORE LAB, INCORPORATED

## **FILED** Apr 24 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address					
1406 FOXBORG BRANDON FL		1406 FOXBORO DR. Brandon FL 33511-825	6				
					3. Date Incorporated or Qualified 3a. Date of Last Report		
	lace of Business	2a. Mailing Address		···	4. FEI Number Applied	For	
L	AME	26 SAM	£		Not App		
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addition Fee Requirements		
City & State	e	City & State	1		6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee		
Zip 24	∟Country	Zip 29	Country 30	1	8. This corporation has liability for intangible tax under s. 199: Florida Statutes Yes X No		
241	9. Name and Address of Curre		1001	·····•	10. Name and Address of New Registered Agent		
ROE	Bertson, Steven D		61	Name			
1406 FOXBORO DRIVE BRANDON FL 33511			82	Street A	Address (P.O. Box Number is Not Acceptable)		
DIV	MIDON FL 33511		83				
			84	City	FL 85 Zip Code		
DICALATURE	orn familiar with, and accept the objection for the objection of the state of the objection of the state of the objection of	× L. Jan			oration's board of directors. I hereby accept the appointment as regist    The content of directors are presented by the appointment as regist		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	D :	DELETE	1.1 TITLE	Ţ	Change	Addition	
NAME	robertson, steven f		12 NAME	ĺ			
STREET ADDRESS	1406 FOXBORO DR.		1.3 STREE	ADDRESS			
CHY-SI-ZIP	BRANDON FL 33511		1.4 CITY-	ST-ZIP		111-	
TITLE	D DODERTOON BEOLVE I	L DELETE	2.1 TITLE		L_I Change L_I	Addition	
NAME.	ROBERTSON, BECKYE L 1406 FOXBORO DR.		2.2 NAME				
STREET ADORESS	BRANDON FL 33511			T ADORESS			
CHTY-ST-ZIP THTLE	DRANDON FE 33311	DELETE	2.4 CITY- 3.1 TITLE	S1-2P	☐ Change	Addition	
NAMÉ			3.2 NAME	)	,		
STREET ADDRESS				T ADDRESS			
CITY ST ZIP			3.4. CITY-				
MLE		DELETE	4.1 TITLE	1	Change	Addition	
NAME			4. 2 NAME	ł			
STREET ADDRESS			43 STREE	T ADDRESS			
CITY-ST-ZIF		Floriere	4.4 City-	ST-ZIP	I 00 I	Adams	
TITLE		L DELETE	5.1 TITLE		L_I Change L_I	Addition	
NAME			5.2 NAME				
STREET ADDRESS				F ADORESS			
CITY-ST-70P TITLE		DELETE	5.4 CITY-1 6.1 TITLE	31 · ZIP	Change	Addition	
NAME		La pere	6.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP			6.4 CITY-				
	by cortifu that the information supply	ed with this films does not aus			ated in Section 119 07/3Vi). Florida Statutes, I further certify that the		

I do hereby certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(), 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

SIGNATURE:

1340-0826