**FILED** 

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90074 049 \*\*\*150.00

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

Mailing Address

97300 OVERSEAS HWY

KEY LARGO FL 33037

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000100039

1. Corporation Name

Principal Place of Business

97300 OVERSEAS HWY KEY LARG FL 33037

RAPID DRUG TESTING SERVICES, INC.

US	US						DO NOT WRITE IN THIS SPACE						
							Incorporated or Qua 1/1996	alifed					
2 Principal Pl	ace of Business	2a. Mailing Address				<del></del>	4. FEI N			A	pplied For		
21 Principal 1 ii	ace of Dualifess	26				65-0	713106		<b>—</b>	lot Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.							. O. 4%	cate of Status Desir	red 🗆	\$8.75	Additional		
27							5. Ceruic	ate or Status Desir	eu 🗆	Fee F	Required		
City & State City & State						6. Election Campaign Financing \$5.00 May Be					) May Be ¨∵ˈ		
23		28					Trust	Fund Contribution		Added	to Fees		
Zip	Country	Zip	Совг	ntry		1	8. This corporation owes the current year Intangible						
24	25 29 30					Totomar Topony Tax					□No		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent							
						81 Name							
O'CONNELL, PETER J					82 Street Address (P.O. Box Number is Not Acceptable)								
973000 OVERSEAS HWY #2					Street Address (F.O. Dox Mainber is Not Noosphasis)								
KEY LARGO FL 33037													
_•			Ļ										
•				84	City					FL 85 Zip	Code		
31 Pursuant t	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	s. the ab	^L	-named o	corpora	tion subm	its this statement for	or the purpo:	se of changing it	s registered		
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized	by 1	the corpo	oration's	board of	directors. I hereby	accept the a	appointment as i	egistered		
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statu	nes.			-						
SIGNATURE	Signature, typed or printed name of registered ager	t and this if prolimeter (NOTE 6	Penetered	Anont	t eigneture re	equirad wh	en reinstating	A	DA1	TE .	——— í		
12.		ID DIRECTORS	13.	-yan	t signature re	equired with		ONS/CHANGES T			ORS IN 12		
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NAME	O'CONNELL, PETER J				<u> </u>	0.07	300	0	- الم م	1.70			
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CITY-ST-ZIP	ertify that the information supplied wi	th this filing does not qualify for i	the exer	notic	on stated	t in Sect	ion 119.0	7(3)(i). Florida Stat	utes. I furthe	er certify that the	information		
indicated i	on this annual report or supplementa	I annual report is true and accura	ate and	that	: my signa	ature sh	all have t	he same legal effec	ct as if made	e under oath; tha	it I am an		
Block 12 o	director of the corporation or the rece or Block 13 if changed, or on an attac	ther or trustee empowered to ex- chment with an address, with all	other like	e en	npowered	d.	ру Спарі	iei ou/, Fiorida Sta		(205	) 		

SIGNATURE: