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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000017346 (2)

PRIMELAB, INC.

## **FILED** May 04 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			
500 AUSTRALIAN AVENUE SOUTH, SUITE 600 POST OFFICE BOX 12277					
WEST PALM BEACH FL 33401 LAKE PARK FL 33403				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified
					02/20/1997
2. Principal P	lace of Business	2a. Mailing Addres	s		4. FEI Number Applied For
	New York Ave.	26			65-0739711 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			c.		5. Certificate of Status Desired \$8,75 Additional
22 Suite 101 27			<del></del>		Fee Hequired
City & State	er Park, FL	City & State			6. Election Campaign Financing \$5.00 May Be
Zip Zip	Country	28 Zip	Coun	tru	Trust Fund Contribution Added to Fees
24 32789		29	30	··· y	B. This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.      Yes □ No
24 02 703	9. Name and Address of Currer				10. Name and Address of New Registered Agent
ST	ILL, JOSEPH K JR.			31 Nami	ne
500 AUSTRALIAN AVENUE SOUTH, SUITE 600				32 Stree	et Address (P.O. Box Number is Not Acceptable)
	ST PALM BEACH FL 33401	,,		Sz Siree	et Address (P.O. Box Number is Not Acceptable)
			[4	33	
`			ļ.,	4 City	85 Zip Code
				City	FL   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					
	Signature, typed or printed name of registered age	nnt and titlin if applicable  DIRECTORS		Agent signate	ature required when reinslating)  DATE  ADDITIONOGULANCES TO OFFICE PRANCE DIDECTORS IN 40
12.	OFFICERS AIN	DELE	13. TE 1.1 TITU	£	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  P/D
NAME			1.2 NAM		Tillman L. Eddy
STREET ADDRESS				EET ADDRESS	_
CITY-ST-ZIP				-ST-ZiP	
TITLE		DELE			West Palm Beach, FL 33407  VP/T/D □ Change □ Addition
NAME			2.2 NAA	\$E	Robert C. Barrett
STREET ADDRESS			2.3 STR	EET ADDRESS	ss 5619 North Bay Road
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP	Miami Beach, FL 33140
TITLE		☐ DELE	TE 3.1 TITL	E	VP/D Change Addition
NAME			3.2 NAM	IE	Alice Sturrock
STREET ADDRESS			3.3 STR	EET ADDRESS	S 321 East Webster Ave.
CITY-ST-ZIP				Y-ST-ZIP	Winter Park, FL 32789
TITLE		☐ DELF	TE 4.1 TITL	Ε	S/D LI Change LI Addition
NAME			4. 2 NA	ΝE	Wm. Reeves King
STREET ADDRESS			4.3 STR	EET ADDRESS	1173 014 21810 88717 24100 2
CITY-ST-ZIP		T DECE		-ST-ZIP	Lake Park, FL 33403
TITLE		☐ DELE			Change Addition
NAME			5 2 NAM		
STREET ADDRESS				EET ADDRESS	SS
CITY-ST-ZIP		☐ DELE		-ST-ZIP	Change Addition
TITLE		L Det.E	3		Criange C Addition
NAME CTREET ADDRESS			6.2 NAN		
STREET ADDRESS				ET ADDRESS	55
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	

14. Thereby 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in