

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90018 038 ***150.00

DOCUMENT # P97000054758

1. Corporation Name

SOUTHERN STATES LABORATORY, INC.



Principal Place of Business

5843 JOHNSON ST.
HOLLYWOOD FL 33021
US

Mailing Address

5843 JOHNSON ST.
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1997

4. FEI Number

65-0762417

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7515 W. OAKLAND PK

Suite, Apt. #, etc.

22 101

City & State

23 Landerhill FL

Zip

24 33319

Country

25 USA

2a. Mailing Address

26 4865 Hunters Way

Suite, Apt. #, etc.

27 Boca Raton, FL

City & State

28

Zip

29 33434

Country

30 USA

9. Name and Address of Current Registered Agent

KHAN, SHAHINA
5843 JOHNSON ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name ALEXANDER G. KAMMER
82 Street Address (P.O. Box Number is Not Acceptable) 7515 W OAKLAND PK BLVD
83
84 City Landerhill FL 85 Zip Code 33319

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

11/15/99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME KHAN, SHAHINA
STREET ADDRESS 5843 JOHNSON ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT / S/DK ☒ Change ☒ Addition
1.2 NAME ALEXANDER G. KAMMER
1.3 STREET ADDRESS 7515 W. OAKLAND PK BLVD
1.4 CITY-ST-ZIP Landerhill FL 33319

2.1 TITLE TREASURER / D ☐ Change ☒ Addition
2.2 NAME CHARLOTTE KAMMER
2.3 STREET ADDRESS 7515 W OAKLAND PK BLVD
2.4 CITY-ST-ZIP LANDERHILL FL 33319

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Date

11/15/99 (954) 747-1200

Daytime Phone #

0176391

CR2E034 (11/98)