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
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90011 017 ***158.75

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1. Corporation Name
CHOLESTEROL CONTROL LABORATORIES, INC.

Principal Place of Business	Mailing Address
4950 N. DIXIE HWY SUITE A FT.LAUDERDALE, FL 33334	4950 N. DIXIE HWY SUITE A FT.LAUDERDALE,FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07-10-1998

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: ☒ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certifcate of Status Desired ☒ — $8.75 Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip / Country (24) (25)	Zip / Country (29) (30)	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KENNELLY, JOHN S ESQUIRE 4950 N. DIXIE HIGHWAY SUITE "A" FORT LAUDERDALE FL 33334	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KENNELLY, JOHN B 333 KEY PALM RD. BOCA RATON FL 33432 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V Edvardo Lorenzo 140 Yachtclub Way #102 Hypoluxo FL 33462 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V Pedro Perez 15020 S.W. 299th Street Homestead FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Barbara C. Kennelly 333 Key Palm Road Boca Raton FL 33432 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John S. Kennelly 4950 N. Dixie Highway, Suite "A" Fort Lauderdale FL 33334 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ JOHN B KENNELLY 04-26-99 954-771-2972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #