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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1006

DOCUMENT # S71550 (5) 1. Corporation Name					
SCANI	LAB, INC.				
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Dringing! Dis : :	of Divisiona	LA W. Alle			
Principal Place		Mailing Address			
28 WINSTON DR CLEARWATER FL 34616		28 WINSTON DR CLEARWATER FL 34616			
				3. Date Incorporated or Qualified 08/05/1991	3a. Date of Last Report 08/18/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 59-3235379	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
Orty & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Company	Trust Fund Contribution	Added to Fees
) 	Country 25	Zıp	Country 30	8. This corporation has liability for it Florida Statutes ✓ Yes	intangible tax under s 199.032,
<u>. </u>	9. Name and Address of Curre		1201	10. Name and Address of New R	
			81 Name		
	ALTER, DOUGLAS M		82 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)
	ROWNWELL STREET				
CLEARV	VATER FL 34616		83		
			84 City		85 Zip Code
			Oily		
or register	o the provisions of Sections 607.05(ed agent, or both, in the State of Flo h, and accept the obligations of, Se	onda. Such change was authoriz	es, the above named corpored by the corporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the appx	FL
familiar wit	ed agent, or both, in the State of Flo h, and accept the obligations of, Ser Signature, typed or printed name of registered age	orida. Such change was authorization 607.0505, Florida Statutes ent ano title if applicable. (NC	es, the above named corpor ed by the corporation's boat 	rd of directors. Thereby accept the appoint of directors and the directors of the appoint of the directors of the appoint of t	pose of changing its registered offic continuent as registered agent. I am
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certify that the information inlocated on this angular peport 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 directly of the copportion 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 changing or an attachment with an address.

SIGNATURE: