

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S93658** (0)
1. Corporation Name

INNOVATIVE TEST LABORATORIES, INC.



Principal Place of Business: **2011 SW 70TH AVENUE A-15D DAVE FL 33317 US**
Mailing Address: **2011 SW 70TH AVENUE SUITE A-15D DAVE FL 33317 US**

3. Date Incorporated or Qualified: **11/12/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0310539**
5. Certificate of Status Desired: Applied For Not Applicable
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24):
2a. Mailing Address (25-30):
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Suite, Apt. #, etc.
26. City & State
27. Zip Country
28. Zip Country

9. Name and Address of Current Registered Agent
**GENTILE, JOHN D.
1601 NORTH PALM AVE.
SUITE 212
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent
81. Name: **Del Tieggs**
82. Street Address (P.O. Box Number Not Acceptable): **15878 E. Wind Cir.**
83.
84. City: **Sunrise** FL 85. Zip Code: **33326**

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: *Del Tieggs* Pres. **Del Tieggs** DATE: **4/30/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	DPST TIEGS, DEL V.	15878 E. WIND CIRCLE	SUNRISE FL	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	DV TIEGS, RANDY G.	15878 E. WIND CIRCLE	SUNRISE FL	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Del Tieggs* **Del Tieggs** DATE: **4/30/96** DUTY FREE PHONE #: **954-476-2668**

CR2E034 (12/95)