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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S98263

(4)

1. Corporation Name

PEAK DIAGNOSTICS, INC.



Principal Place of Business

4477 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

Mailing Address

C/O GRUBER AND ASSOCIATES P.A.
1650 SOUTHEAST 17TH ST., 301
FT. LAUDERDALE FL 33316-1735

3. Date Incorporated or Qualified
12/05/1991

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRUBER, RICHARD C.
GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17TH ST., #301
FT. LAUDERDALE FL 33316-1735

81

Name

GRUBER, RICHARD C.

82

Street Address (P.O. Box Number is Not Acceptable)

83

1650 SOUTHEAST 17TH STREET, 301

84

CITY FORT LAUDERDALE

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 agent and true legal address

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
KAPLAN, MICHAEL F
401 NORTHEAST MIZNER BLVD., APT. 603
BOCA RATON FL 33432 4014

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/96

954-522-2222

CR2E034 (12/95)