

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V19064 (7)
1. Corporation Name
C-LAB OF MARTIN COUNTY, INC.



Principal Place of Business
11800 S.E. DIXIE HWY
HOBE SOUND FL 33455

Mailing Address
P.O. BOX 1103
HOBE SOUND FL 33475

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 25 P.O. Box 1369 | | 03/06/1992 | |
| 22 City & State | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 Zip | | 28 Hobe Sound, FL | | 65-0299929 | |
| 24 Country | | 29 33455 | | 30 | |
| 25 | | 27 | | 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 or has paid the current year Intangible | |
| | | | | Personal Property Tax due June 30. | |
| | | | | Yes No | |

9. Name and Address of Current Registered Agent

WAXLER, CAROL S
73 SW FLAGLER AVE
STUART FL 34994

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|----------------------|
| TITLE | D | 1.1 TITLE | Change Addition |
| NAME | COFFIN, MARY K. | 1.2 NAME | |
| STREET ADDRESS | 11800 OLD DIXIE HWY | 1.3 STREET ADDRESS | 11800 S.E. Dixie Hwy |
| CITY-ST-ZIP | HOBE SOUND FL | 1.4 CITY-ST-ZIP | |
| TITLE | PDST | 2.1 TITLE | Change Addition |
| NAME | WALTER, ELLIOTT J IV | 2.2 NAME | |
| STREET ADDRESS | 11800 S.E. DIXIE HWY | 2.3 STREET ADDRESS | 11800 S.E. Dixie Hwy |
| CITY-ST-ZIP | HOBE SOUND FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 in an attachment with an address.

CR2E034 (10/97)

POSTED