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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # V24465

(9)

1. Corporation			ABORATORY, IN	( <b>3)</b>  C.						
Principal Place of Business Mailing Address								Ants Giffit diant att	til Blålt ålåt	// <b>W</b> EBU 1881
10200 USA TODAY WAY 10200 USA TODAY WAY										
MIRAMAR FL 33025 MIRAMAR FL 33025							DO NOT WRI	TE IN THIS SP.	ACE.	
US			US				3. Date Incorporated or Qualified			
							03/25/1992	•		
2. Principal P	lace of Busine	2a. Mailing Ad	2a. Mailing Address			4. FEI Number		TAL	oplied For	
21			26	26			65-0321084	•		ot Applicable
Suite, Apt.	#, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	10		Additional
22			27				5. Continued of Clarks Deales	<u> </u>		equired
City & State City & State							6. Election Campaign Financing	m	\$5.00	
Zip Country			28]	Zip Countr			Trust Fund Contribution		Added 1	
24	2	25 29 30			<del></del>	•	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 Re							10. Name and Address of New Registered Agent			
KIN	IG, EDWARD	C JR			B1	Name				
10200 USA TODAY WAY					82	82 Street Address (P.O. Box Number is Not Acceptable)				
	RAMAR FL 33		62			areas (1.0. Box Hornber 13 Hornberph	abiby			
					83					
					84	City		FL	<b>85</b> Zip (	Code
11. Pursuant 1	to the provision	ns of Sections 607.0	0502 and 607.1508, Fk	orida Statuter	s, the above	l e-named cor	rooration submits this statement for the	Durpose of c	nanging it	s registered
office or re agent. I a	egistered ager m familiar with	nt, or both, in the St , and accept the ob	ate of Florida. Such ch oligations of Section 60	ange was au 37.0505, Flor	uthorized by ida Statute:	y the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acc	ept the appoin	itment as	registered
SIGNATURE										
12.	Signature, typed or		agent and little if applicable. AND DIRECTORS	(NOTE:	Hogistered Age	ant signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	IDECTOR	C 1N1 12
TITLE	PSD	OFFICERS		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	1010 PD11100 0 ID				1.2 NAME			_		
STREET ADDRESS 10200 USA TODAY WAY						ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP MIRAMAR FL			1.4 CITY - ST - ZIP		ST-ZIP				
TITLE	V			DELETE.	21 TITLE				Change	Addition
NAME		MICHAEL A			22 NAME					
STREET ADDRESS 10200 USA TODAY WAY					2.3 STREET ADDRESS					
CITY-ST-ZIP	MIRAMAR	<u>FL</u>			2. 4 CITY-	ST-ZIP				
TITLE				DELETE	3.1 TITLE				Change	Addition
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREET					
CITY-ST-ZIP				DELETE	3.4. CITY - 3	ST-ZIP			Change	Addition
TITLE			L	DECEIE	4.1 TITLE	Ì		l	] Change	Addition
NAME CTOSET ADDRESS					4. 2 NAME	4000000				
STREET ADDRESS CITY-ST-ZIP					4.3 STREET					
TITLE			<u>_</u>	DELETE	4.4 CITY - S 5.1 TITLE	01 - £IF		T	Change	Addition
NAME			_		5.2 NAME	1		_		
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP					5.4 CITY-S	- 1				
TITLE				DELETE	6.1 TITLE				Change	☐ Addition
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREET	ADDRESS				
CITY-ST-ZIP					6.4 CITY - S	IT-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 on an attachment with an address.

SIGNATURE: FR.

PHANE!

2/2/00

954431-4550

**FILED** 

Mar 17 1998 8:00am

Secretary of State