

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **844715** (3)

1. Corporation Name
BIO VIM, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
~~207 S AIRPORT RD.~~ ~~207 S AIRPORT RD.~~
P.O. BOX 7369 P.O. BOX 7369
NAPLES FL 33941 NAPLES FL 33941

3. Date Incorporated or Qualified **11/30/1979** 3a. Date of Last Report **04/21/1994**
4. FEI Number **02-0329746** Applied For Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1010 Fifth Avenue South** 26 **P.O. Box 7369**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Ste. 300** 27
City & State City & State
23 **Naples, Florida** 28 **Naples, Florida**
Zip Country Zip Country
24 **33940** 25 **Collier** 29 **33941** 30 **Collier**

9. Name and Address of Current Registered Agent
DOONER, JR., EUGENE C.
1823 CRAYTON ROAD
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD **DOONER, EUGENE C**
1823 CRAYTON RD
NAPLES, FL 00000
SD **LEE, NANCY D**
302 RIDGE DR
NAPLES, FL 00000
VD **DOONER, ANTON E**
PO BOX 7369 NA
NAPLES, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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: Anton E. Dooner 4-27-95 642-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)