

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 844715 (3)

1. Corporation Name
BIO VIM, INC.



Principal Place of Business Mailing Address
**1010 SOUTH 5TH AVE
STE 300
NAPLES FL 33940
US** **PO BOX 7369
NAPLES FL 33941
US**

3. Date Incorporated or Qualified **11/30/1979** 3a. Date of Last Report **05/01/1995**
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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip 29. Country 30. Country

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____

(Print or type printed name of registered agent and the corporation)

(Print or type printed name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOONER, EUGENE C	
STREET ADDRESS	1823 CRAYTON RD	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEE, NANCY D	
STREET ADDRESS	302 RIDGE DR	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	-VD	<input type="checkbox"/> DELETE
NAME	DOONER, ANTON E	
STREET ADDRESS	PO BOX 7369 NA	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. 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	Treasurer-Director <input checked="" 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: *Anton E. Dooner* **Anton E. Dooner** 4/30/96 941-643-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT PHONE #

CR2E034 (12/95)