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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90077 002 ***150.00

DOCUMENT # 844715 1. Corporation Name

BIO VIM, INC.

Principal Place	e of Business	Mailing Address				
1010 SOUTH 51	TH AVE	PO BOX 7369				
STE 300 NAPLES EL 34102		NAPLES FL 34101			DO NOT WRITE IN THIS SPACE	
NAPLES FL 34102 US		US			3. Date Incorporated or Qualified	
บร					11/30/1979	
6 D-1-1-1-1-1	,	2a. Mailing Address			4. FEI Number Applied For	
	face of Business	⊢ ¬ "			02-0329746 Not Applicable	
21	# 460	Suite, Apt. #, etc.			\$8.75 Additional	
Suite, Apt.	#, etc.	27	-	•	5. Certificate of Status Desired Fee Required	
City & State	•	City & State			6. Election Campaign Financing S5.00 May Be	
⊢¬ ′	.a	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	try	8. This corporation owes the current year Intangible	
	25	· · · · · · · · · · · · · · · · · · ·	30	•	Personal Property Tax.	
24	9. Name and Address of Current		301		10. Name and Address of New Registered Agent	
	0. 1441.0			31 Nam		
D00	NER,JR., EUGENE C.		-	-	A Life of CO. Rev. November in Net Accomptable)	
1823 CRAYTON ROAD				32 Stre	eet Address (P.O. Box Number is Not Acceptable)	
NAP	LES FL 34102		f	33		
}			L			
			Ì	64 City	FL 85 Zip Code	
dd Durouant	to the provinces of Sections 607.0503	2 and 607 1508 Florida Statute	es the ah		ped corporation submits this statement for the ournose of changing its registered	
l office or r	registered agent, or both, in the State o	of Florida. Such change was a	ıtnorized	by the co	orporation's board of directors. I hereby accept the appointment as registered	
agent.la	nm familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statu	es,		
SIGNATURE	St	t and title if applicable /NOTE	Dogistered (oent skinahi	hure required when rejustating) DATE	
	Signature, typed or printed name of registered agent		Registered /	gent signatu	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AN			.	ore required when continues (g)	
12.	OFFICERS ANI	D DIRECTORS	13.	E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE NAME	OFFICERS AND PD DOONER, EUGENE C	D DIRECTORS	13. 1.1 TITI 1.2 NA	É	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
12. TITLE NAME STREET ADDRESS	OFFICERS AND DOONER, EUGENE C 1823 CRAYTON RD	D DIRECTORS	13. 1.1 TITI 1.2 NAI 1.3 STE	E IE EET ADDRE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

4/15/99 941-643-4211

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