FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J98943** **(0)**

1. Corporation Name

FLORIDA BIODYNE, INC.

Principal Place of Business	Mailing Address
8000 GOVERNORS SQUARE BLVD. SUITE 305 MIAMI LAKES FL 33016	400 OYSTER PT BLVD STE 306 S SAN FRANCISCO CA 94080 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/27/1987**

3a. Date of Last Report: **02/27/1995**

4. FEI Number: **94-3056228** ☐ 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

9. Name and Address of Current Registered Agent

FOOS, JAMES PHD
8000 GOVERNORS SQUARE BLVD., STE. 305
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name: C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
83
84 City: Plantation **FL** 85 Zip Code: 33324

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: George C. Romero — 3/4/96
Signature, typed or printed name of registered agent and title, if applicable — (FILER: Registered Agent Signature required when filing) — DATE

George C. Romero
Assistant Secretary

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WAXMAN, ALBERT		1.2 NAME	
STREET ADDRESS	1350 AVENUE OF THE AMERICAS, STE 501A		1.3 STREET ADDRESS	(Please see attached list.)
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, SHANNON		2.2 NAME	
STREET ADDRESS	1 MAYNARD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	PARK RIDGE NJ		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, TIMOTHY L		3.2 NAME	
STREET ADDRESS	13736 RIVERPORT DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MARYLAND HEIGHTS MO		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MOODY, DENNIS		4.2 NAME	
STREET ADDRESS	8000 GOVERNORS SQUARE BLVD., #305		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAM LAKES FL 33016		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BERNARD, SCOTT		5.2 NAME	
STREET ADDRESS	111 S. PARKER ST., #400		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, ANDREW M		6.2 NAME	
STREET ADDRESS	400 OYSTER POINT BLVD., #306		6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH SAN FRANCISCO CA 94080		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: _____ Andrew M. Cummings — 3/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date