

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 20 AM 8:23

**DOCUMENT # L91142 (4)**

1. Corporation Name  
**BIO-PHOTONICS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **C/O INTEX CORPORATION  
1228-31ST ST. N.W.  
WASHINGTON DC 20007**

Mailing Address: **C/O INTEX CORPORATION  
1228-31ST ST. N.W.  
WASHINGTON DC 20007**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>07/30/1990</b>   | 3a. Date of Last Report<br><b>03/22/1994</b> |
| 4. FEI Number<br><b>NOT APPLICABLE</b>   | Applied Fee<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

|   |  |   |             |
|---|--|---|-------------|
| 9. Name and Address of Current Registered Agent                             |  | 10. Name and Address of New Registered Agent          |             |
| <b>LIPPMAN, ARNOLD J<br/>9750 GULF BLVD. A<br/>TREASURE ISLAND FL 33706</b> |  | B1 Name   |             |
|   |  | B2 Street Address (P.O. Box Number is Not Acceptable) |             |
|   |  | B3  |             |
|   |  | B4 City   |             |
|   |  | <b>FL</b>   | B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <b>DP</b>                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RAKHIMOV, ALEXANDEDR</b>     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>MOSCOW STATE UNIVERSITY,</b> | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>RUSSIA MOSCOW 119899</b>     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b>                        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SADOVNICHY, VIKTOR</b>       | 2.2 NAME  |   |
| STREET ADDRESS             | <b>MOSCOW STATE UNIVERSITY</b>  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>RUSSIA, MOSCOW 119899</b>    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DSTV</b>                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LIPMAN, ARNOLD J</b>         | 3.2 NAME  |   |
| STREET ADDRESS             | <b>9750 GULF BLVD. 1A</b>       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TREASURE ISLAND FL 33706</b> | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                 | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                 | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                 | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Sections 119.01(9)(B), Florida Statutes. I further certify that the information included on this annual report, 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; and 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 my attachment with an addition.

SIGNATURE: *Arnold J. Lippman* **Arnold J. Lippman** 1-16-95 (202)625-2222