

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 # **L91142 (4)**

1. Corporation Name
BIO-PHOTONICS, INC.



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: **07/30/1990**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **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 (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIPPMAN, ARNOLD J
9750 GULF BLVD. A
TREASURE ISLAND FL 33706**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	RAKHIMOV, ALEXANEDR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RAKHIMOV, ALEXANEDR	MOSCOW STATE UNIVERSITY,	1.2 NAME	
STREET ADDRESS: RUSSIA MOSCOW 119899		1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE: D	SADOVNICHY, VIKTOR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SADOVNICHY, VIKTOR	MOSCOW STATE UNIVERSITY	2.2 NAME	
STREET ADDRESS: RUSSIA, MOSCOW 119899		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE: DSTV	LIPMAN, ARNOLD J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LIPMAN, ARNOLD J	9750 GULF BLVD. 1A	3.2 NAME	
STREET ADDRESS: TREASURE ISLAND FL 33706		3.3 STREET ADDRESS	
CITY- ST- ZIP		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 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: _____ DATE: **2/25/96** (202) 635-2222

CR2E034 (12/95)

3-27-1996