

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # P41010 (0)**

**95 MAR 14 AM 10:08**

1. Corporation Name  
**ORGALOGIC MANAGEMENT, INC.**

Principal Place of Business Making Address  
**25 SEABREEZE AVE., #201 DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/08/1992** 3a. Date of Last Report **02/01/1994**

2. Principal Place of Business 2a. Making Address

21 State, Apt., #, etc. 26 State, Apt., #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **36-3520721** 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. The corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAULOVTS, IMRE  
25 SEABREEZE AVE., #201  
DELRAY BEACH FL 33483**

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 607.1508, 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

Signature, Title or Printed Name of Registered Agent and the Date

#2011 - Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULOVTS, IMRE	1.2 NAME	
STREET ADDRESS	25 SEABREEZE AVE., #201	1.3 STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BEACH FL	1.4 CITY-STATE-ZIP	
TITLE	WT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULOVTS, MARIA	2.2 NAME	
STREET ADDRESS	25 SEABREEZE AVE., #201	2.3 STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BEACH FL	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEFFERT, HEINZBERT	3.2 NAME	
STREET ADDRESS	25 SEABREEZE AVE., #201	3.3 STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BEACH FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 13, is changed, or on an attachment with an address.

SIGNATURE: *Paulovts*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**3/8/95**  
DATE