

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P41010 (0)**
1. Corporation Name
ORGALOGIC MANAGEMENT, INC.



Principal Place of Business: **25 SEABREEZE AVE., #302 DELRAY BEACH FL 33483**
Mailing Address: **25 SEABREEZE AVE., #302 DELRAY BEACH FL 33483**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Name and Address of Current Registered Agent (31-34)
30. Name and Address of New Registered Agent (35-38)

3. Date Incorporated or Qualified: **10/08/1992**
3a. Date of Last Report: **03/14/1995**
4. FET Number: **36-3520721**
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
10. Name and Address of New Registered Agent (35-38)

PAULOVITS, IMRE
25 SEABREEZE AVE., #201 302
DELRAY BEACH FL 33483

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 607.1506, 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 of person authorized to sign this report

Signature of Registered Agent

DATE

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	PAULOVITS, IMRE	1.2 NAME	
STREET ADDRESS	25 SEABREEZE AVE., #201 302	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	WT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULOVITS, MARIA	2.2 NAME	
STREET ADDRESS	25 SEABREEZE AVE., #201 302	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-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., #201 302	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	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 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: *[Signature]* I. PAULOVITS, PRESIDENT 02/27/96 407/2436330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)