

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P41010 (0)
 1. Corporation Name
ORGALOGIC MANAGEMENT, INC.



Principal Place of Business 25 SEABREEZE AVE #302 DELRAY BEACH FL 33483 US	Mailing Address 25 SEABREEZE AVE. #302 DELRAY BEACH FL 33483 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/08/1992	4. FEI Number 36-3520721	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

g. Name and Address of Current Registered Agent
PAULOVITS, IMRE
25 SEABREEZE AVE, 302
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
CP	PAULOVITS, IMRE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
25 SEABREEZE AVE, #302	25 SEABREEZE AVE, #302		
DELRAY BEACH FL	DELRAY BEACH FL		
T	PAULOVITS, MARIA	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
25 SEABREEZE AVE, #302	25 SEABREEZE AVE, #302		
DELRAY BEACH FL	DELRAY BEACH FL		
S	BLEFFERT, HEINZBERT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
25 SEABREEZE AVE, #302	25 SEABREEZE AVE, #302		
DELRAY BEACH FL	DELRAY BEACH FL		
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra B. Mortham* **REQUIRED** Paulovits, President 01/06/97
 561/2436330

CR2E034 (10/97)