

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**FILED**

95 JUN -7 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P93000017280 (7)**

1. Corporation Name  
**PHOENIX BIOMEDICAL CORP.**

Principal Place of Business Mailing Address  
**THIRD AND MILL ST. BRIDGEPORT PA 19405** **P.O. BOX 100 BRIDGEPORT PA 19405**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2495 GENERAL ARMY ST</b>		2a. Mailing Address <b>P.O. BOX 80390</b>	
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc	
23 City & State <b>NORRISTOWN PA</b>		28 City & State <b>VALLEY Forge PA.</b>	
24 Zip <b>19103</b>		29 Zip <b>19484</b>	
25 Country		30 Country	

3. Date Incorporated or Qualified <b>03/08/1993</b>	3a. Date of Last Report <b>06/27/1994</b>
4. FEI Number <b>23-2718363</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BAUMAN, JEROME A 7820 PETERS ROAD SUITE E-103 PLANTATION FL 33024</b>				10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		84 City	
83		85 Zip Code <b>FL</b>			

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 <b>PD</b>	NAME <b>HOKANSON, CHARLES</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1335 MERRYBROOK ROAD</b>	CITY ST ZIP <b>COLLEGEVILLE PA 19426</b>	1.2 NAME	<b>100001509441</b>
		1.3 STREET ADDRESS	<b>-06/09/95--01022--002</b>
		1.4 CITY ST ZIP	<b>****233.75 ****233.75</b>
TITLE <b>DV</b>	NAME <b>HOKANSON, ELLEN</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1335 MERRYBROOK ROAD</b>	CITY ST ZIP <b>COLLEGEVILLE PA 19426</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY ST ZIP	
TITLE <b>DIRECTOR</b>	NAME <b>LARRY SEZANT</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>2020 NE 163rd ST</b>	CITY ST ZIP <b>MIAMI BEACH, FL 33162</b>	3.2 NAME <b>LARRY SEZANT, LARRY</b>	
		3.3 STREET ADDRESS	
		3.4 CITY ST ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY ST ZIP		4.3 STREET ADDRESS	
		4.4 CITY ST ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY ST ZIP		5.3 STREET ADDRESS	
		5.4 CITY ST ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY ST ZIP		6.3 STREET ADDRESS	
		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 unchanged, or on an attachment with an address.

SIGNATURE: Charles Hokanson **5/30/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CHARLES HOKANSON**

CR2E034 (3/95)