


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90003 046 \*\*\*550.00

U110860

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P93000017280** ✓

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

|  |  |
|--|--|
| Principal Place of Business<br>2495 GENERAL ARMISTEAD AVE<br>NORRISTOWN PA 19403 | Mailing Address<br>P.O. BOX 80390<br>VALLEY FORGE PA 19484 |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 29 Zip Country         |
| 24                             | 30                     |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>03/08/1993</b>                          |  |
| 4. FEI Number<br><b>23-2718363</b>  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required                    |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                       |
| 8. This corporation owes the current year Intangible Personal Property.         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**BAUMAN, JEROME A**  
**7820 PETERS ROAD**  
**SUITE E-103**  
**PLANTATION, FL 33024**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HOKANSON, CHARLES                  | 1.2 NAME  |   |
| STREET ADDRESS             | 1335 MERRYBROOK ROAD               | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | COLLEGEVILLE PA 19426              | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DV <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HOKANSON, ELLEN                    | 2.2 NAME  |   |
| STREET ADDRESS             | 1335 MERRYBROOK ROAD               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | COLLEGEVILLE PA 19426              | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LARRY SEZANT                       | 3.2 NAME  |   |
| STREET ADDRESS             | 2020 NE 163RD STRET                | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33162                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 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                      | <input type="checkbox"/> DELETE    | 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                      | <input type="checkbox"/> DELETE    | 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 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: \_\_\_\_\_ DATE: **8/11/99** DURING PHONE # **610 539-9300**

CR2E034 (5/99)