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

Mailing Address 400 KINCCTON DD

PROFIT CORPORATION ANNUAL REPORT

1999

BIOCHEM INTERNATIONAL, INC.

1. Corporation Name

Principal Place of Business



DOCUMENT # P93000085044

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90208 042 ***150.00

STE P	ik un	SATELLITE BEACH FL 32	937						
SATELLITE BEACH FL 32937		US				DO NOT WRITE IN THIS SPACE			
US						3. Date incorporated or Qualifed 12/07/1993			
2. Principal Pl	face of Business	2a, Mailing Address				4. FEI Number	App	olied For	
1		26				59-3215864	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					8.75 A Fee Red	I	
City & State		City & State	_			6, Election Campaign Financing	\$5.00	May Re	
23	C	28				Trust Fund Contribution	Added to		
Zip	Country	Zip	Cor	untry		8. This corporation owes the current year Intangi	ble		
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			· ·	10. Name and Address of New Registered Age	nt	_	
				81	Name				
MORONI, LAURENCE S 498 KINGSTON RD.						ress (P.O. Box Number is Not Acceptable)			
SAII	ELLITE BEACH FL 32937			83					
				84	City	FL	5 Zip C	ode	
44 Durauant	to the provisions of Sections 607 0502	and 607 1508 Florida State	utes the a	above	e-named corp	poration submits this statement for the purpose of cha	nging its	registered	
office or re	registered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was	authorized	di by t	the corporation	on's board of directors. I hereby accept the appointment	ent as reg	jistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registerer	d Agent	t signature require	ed when reinstating) OATE	· · · · · · · · · · · · · · · · · · ·		
12.	OFFICERS AND		13.		-	ADDITIONS/CHANGES TO OFFICERS AND E	IRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 17	TLE) Change	☐ Addition	
NAME	MORONI, LAURENCE S		1.2 N	IAME				.	
STREET ADORESS	400 KINOCTON DD		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	SATELLITE BEACH FL 32937		1.4 C	ITY-ST	r-ZIP				
TITLE	ST	☐ DELETE	2.1 TI] Change	Addition	
NAME	MORONI, POLLYE T		2.2 N	IAME					
STREET ADDRESS	IOO MINOCTON DO		2.3 S	TREET	ADORESS			}	
i	SATELLITE BEACH FL 32937							1	
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		☐ DELETE		TTLE	T-ZIP		Change	Addition	
NAME		DELETE	3 1 TI 3.2 N	TTLE IAME			Change	Addition	
NAME STREET ADDRESS		DELETE	3.1 TI 3.2 N	TTLE IAME STREET	ADDRESS		Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		·	31 TI 32 N. 3.3 S 3.4. C 4.1 TI 4.2 N	TITLE IAME STREET CITY-ST TITLE NAME	T ADDRESS		· •		
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS		·	31 TI 32 N 33 S 34 C 41 TI 4. 2 N 4.3 S	ITLE IAME STREET CITY-ST FTLE NAME STREET	T ADDRESS T-ZIP T ADDRESS		· •		
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empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in