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

AMENDED

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 18 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94 000000100

1. Corporation Name

BIOCHEM CORPORATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2900-79 University Drive Coral Springs, FL 33065 US.	PO Box 9784 Coral Springs FL 33075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/03/1994

2. Principal Place of Business	2a. Mailing Address
21 2900 University Drive	26
Suite, Apt. #, etc. 22 #79	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0456509. ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SALOMON, SCOTT C/O Salomon & Mittelberg, PA 2417 University DR. Coral Springs FL 33065	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, JEROME	1.2 NAME	700002975647--8
STREET ADDRESS	2900-79 University Drive	1.3 STREET ADDRESS	-09/01/99--01036--009
CITY-ST-ZIP	Coral Springs FL 33065	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VST ☐ DELETE	2.1 TITLE	P/D/T ☒ Change ☐ Addition
NAME	PARKER, Shirley	2.2 NAME	
STREET ADDRESS	2900-79 University Drive	2.3 STREET ADDRESS	2900 University Drive #79.
CITY-ST-ZIP	Coral Springs Fl 33065	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME		3.2 NAME	PARKER, CHERYL
STREET ADDRESS		3.3 STREET ADDRESS	2900 University Drive #79.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Springs. FL 33065
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	TS ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Shirley Parker Shirley Parker 7/30/99 (954) 340-5825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #