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

PROFIT CORPORATION ANNUAL REPORT 1999



DIVISION CF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

04-29-1999 90161 031 ***150.00

| i. Corpo autor | MENT # P97000 BIOSCIENCES, INC. |)103903 | | | | | |
|---|--|--|-------------------------------|--------------------|--|-----------------|------------------------------|
| Principal Place | e of Business | Mailing Address | | | | | :11 00100 1111 1 48 1 |
| 854 HAWKSBILI SATELLITE BEA | L ISLAND DR | 854 HAWKSBILL ISLAND SATELLITE BEACH FL 3 | | | | | |
| | | | | | DO NOT WRITE I | N THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| 3 Delevie of Di | lace of Business | 2a. Mailing Address | _ | | 12/09/1997 4. FEI Number | | Applied For |
| | ace of Business | 26 | | | 59-3485925 | | Vot Applicable |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | \$8.75 | Additional |
| 22 | | 27 | | | 5. Certi cate of Status Desired | Fee F | Required |
| City & State | e | City & State | | | 6. Elect on Campaign Financing | 1 | 0 May Be |
| 23 | | 28 | _ | | Trust Fund Contribution | Addec | d to Fees |
| Zip | Country | Zip | Cour | ntry | 8. This corporation owes the current | year Intangible | MNo |
| 24 | 25 | 29 | 30 | | Personal Property Tax. 10. Name and Address of New Regi | | ZINO |
| | 9. Name and Address of Curre | ni vedizielen Ağelir | | 81 Name | 10. Hunte and Address of New Negi | <u></u> | |
| HELMSTETTER, CHARLES E 854 HAWKSBILL ISLAND DR SATELLITE BEACH FL 32937 | | | | 82 Street Add | fress (P.O. Box Number is Not Acceptable |) | |
| OATI | ELLITE BEACHTE 02007 | | | 03 | | | |
| office or r | to the provisions of Sections 607.00 to the egistered agent, or both, in the State m familiar with, and accept the obligation of the state of the st | of Florida. Such change was tions of, Section 607.0505, I | s authorized Florida Statu | by the corporat | , | DATE DATE | |
| 12. | OFFICERS AI | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | P | ☐ DELETE | 1 1 TIT | LE | | Change | e Addition |
| NAME | HELMSTETTER, CHARLES E | | 1.2 NA | | | | |
| STREET ADDF ESS | | ľΕ | 1.3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | SATELLITE BEACH FL 32937 | DELETE | | Y-ST-ZIP | | Change | e Addition |
| TITLE | | | 2.1 TIT | ŀ | | criange | , |
| NAME | | | 2.2 NA | ME REET ADDRESS | | | |
| STREET ADDF ESS | | | | TY-ST-ZIP | | | |
| CITY-ST-ZIP TITLE | | □ DELETE | 3 1 TIT | | | ☐ Change | e Addition |
| NAME | | | 3.2 NA | | | | |
| STREET ADDF ESS | | | 3.3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CI | TY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TIT | | | Change | e 🔲 Addition |
| NAME | | | 4. 2 N | AME | | | |
| STREET ADDRESS | | | 4.3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CIT | Y-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TIT | | | Change | e Addition |
| NAME | | | . 52 NA | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CIT 6.1 TIT | IY-ST-ZIP | | Change | e Addition |
| TITLE | | ☐ DELETE | 6.1 III | | | | , LI Addition |
| NAME | | | | REET ADDRESS | | | |
| STREET ADDRESS | i | | 0.0 31 | THE COUNTY | | | |

CITY-ST-ZIP 14. There by 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 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 change 1, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: