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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36680

(9)

1. Corporation Name

BIO-TECH SERVICES OF COLLIER, INC.

Principal Place of Business

2896 44TH TERRACE S.W.
NAPLES FL 33999

Mailing Address

2896 44TH TERRACE S.W.
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/14/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0341183

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under G. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

JONTZA, CARLOS A.
2896 44TH TERRACE S.W.
NAPLES FL 33912

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature of the person named as registered agent and the President or

(a) If the Registered Agent is a corporation, the signature of the President or

(b) If the

12. OFFICERS AND DIRECTORS

11 TITLE
NAME JONTZA, CARLOS A
STREET ADDRESS 2896 44TH TERRACE SW
CITY, ST, ZIP NAPLES FL

12 TITLE
NAME ANEZ, JORGE
STREET ADDRESS 730 9TH ST NW
CITY, ST, ZIP NAPLES FL

13 TITLE
NAME JONTZA, GUIDO A W
STREET ADDRESS 2896 44TH TERR SW
CITY, ST, ZIP NAPLES FL

14 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

15 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

16 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP ☐ Change ☐ Addition

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP ☐ Change ☐ Addition

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP ☐ Change ☐ Addition

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP ☐ Change ☐ Addition

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP ☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP ☐ Change ☐ Addition

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)(b), 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. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Carlos A Jontza, President

X 04-28-95

(Type in Number)

(813) 353-2333