

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V41216** (5)

1. Corporation Name
BIOWORKS, INC.



Principal Place of Business

**2721 N. FORSUTH
351
WINTER PARK FL 32792-8209
US**

Mailing Address

**616 WEST PALM VALLEY DRIVE
OVIEDO FL 32765**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
05/26/1992

3a. Date of Last Report
02/22/1995

4. FEI Number
59-3127603

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**NIELSON, CHARLOTTE D.
616 W. PALM VALLEY DRIVE
OVIEDO FL 32765**

10. Name and Address of New Registered Agent

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

Signature of person who is authorized to execute this report (if applicable)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME: **P NIELSON, CHARLOTTE D.**
STREET ADDRESS: **616 W PALM VALLEY DR.**
CITY-STATE-ZIP: **OVIEDO FL 32765**

1.2 TITLE ☐ DELETE

NAME: **D NIELSON, JAMES D.**
STREET ADDRESS: **616 W PALM VALLEY DR.**
CITY-STATE-ZIP: **OVIEDO FL 32765**

1.3 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

1.4 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

1.5 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

1.6 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

1.7 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1.5 CITY-STATE-ZIP

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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)(k), 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:

J.D. NIELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96
DATE

407-678-7272
DAYTIME PHONE #

CR2E034 (12/95)