

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V11294 (8)

1. Corporation Name

BIO-VIM OF NAPLES, INC.



Principal Place of Business

Mailing Address

1010 FIFTH AVENUE SOUTH
STE 300
NAPLES FL 33940
US

P.O. BOX 7369
NAPLES FL 33941

3. Date Incorporated or Qualified
02/03/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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9. Name and Address of Current Registered Agent

4. FEI Number

65-0313408

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

10. Name and Address of New Registered Agent

DOONER, ANTON E.
1010 5TH AVENUE SOUTH
STE 300
NAPLES FL 33940

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, typed or printed name of registered agent, and title, if applicable. (If registered agent is a corporation, the signature required shall be that of a duly authorized officer or director.)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE D- President - Treasurer ☐ DELETE

NAME DOONER, ANTON E.
STREET ADDRESS 1010 5TH AVE. S. STE. 300
CITY- ST- ZIP NAPLES FL

2. TITLE D- Secretary ☐ DELETE

NAME LEE, NANCY DOONER
STREET ADDRESS 1010 5TH AVE. S. STE 300
CITY- ST- ZIP NAPLES FL

3. TITLE D- Vice-President ☐ DELETE

NAME DOONER, JOAN E.
STREET ADDRESS 1010 5TH AVE. S. STE 300
CITY- ST- ZIP NAPLES FL

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2. 2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3. 3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4. 4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5. 5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6. 6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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:

Anten E. Dooner

4/20/91

941-643-4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)