**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT # **V71536** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90208 004 \*\*\*150.00

| BENJAMIN BIOMEDICAL, INC.   |  |   |                             |  |                     | au 4:40 (44)               |                            |
|---|--|---|-----------------------------|--|---------------------|----------------------------|----------------------------|
|   |  |   |                             |  |                     |                            |                            |
| Principal Place of Business   | Mailing Address  |   |                             |  | in ditt ninte arati | i Millit Meller Mr         | Bic Bikit (BBI             |
| 3125 TYRONE BLVD 3125 TYRONE BLVD   |  |   |                             |  |                     |                            |                            |
| ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710   |  |   |                             | DO NOT WRIT  | E IN THIS S         | BACE                       |                            |
| US  | US   |   |                             | 3. Date Incorporated or Qualifed                       | E IN THIS S         | PAUL                       |                            |
|   |  |   |                             | 10/12/1992   |                     |                            |                            |
| 2. Principal Place of Business  | 2a. Mailing Address  |   |                             | 4. FEI Number  |                     | <u> </u>                   | died For                   |
| 21  |  |   |                             | 59-3149364   |                     | <del> </del>               | Applicable                 |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |   |                             | 5. Certificate of Status Desired                       |                     | <b>\$8.75</b> A            | l I                        |
| 22  | 27   |   |                             |  | <u> </u>            | <del>-`-</del>             |                            |
| City & State  | City & State   |   |                             | 6. Election Campaign Financing Trust Fund Contribution |                     | \$5.00 to<br>Added to      |                            |
| Zip Country   | 28 Zip   | Country   |                             | 8. This corporation owes the curre                     | ent vear Intan      |                            |                            |
| ⊢   |  | 30  |                             | Personal Property Tax.                                 |                     |                            | ∏No                        |
|   | ss of Current Registered Agent   | 201   |                             | 10. Name and Address of New R                          | egistered Ag        | gent                       |                            |
|   |  | 81 N  | ame                         |  |                     |                            |                            |
| MIXNER, DAVID   |  | 82 S  | treet Addre                 | ss (P.O. Box Number is Not Accepta                     | ble)                |                            |                            |
| 3125 TYRONE BLVD  |  | 02   3  | ucci Addio.                 | 33 (1:0: Box (4dill)58 15 (15:1506)11                  |                     |                            |                            |
| ST. PETERSBURG FL 337   | 10   | 83  |                             |  |                     |                            | :                          |
|   |  | 84 C  | ity                         |  |                     | 85 Zip C                   | ode                        |
|   |  | ìì  | -                           |  | FL                  |                            | }                          |
| 11. Pursuant to the provisions of Secti   | ions 607.0502 and 607.1508, Florida Statutes   | s, the above-na   | med corpo                   | ration submits this statement for the                  | purpose of ch       | nanging its i              | registered<br>distered     |
| office or registered agent of both  | ions 607.0502 and 607.1508, Florida Statutes<br>in the State of Florida. Such change was aut<br>opt the obligations of, Section 607.0505, Florid | inorizea DV lite  | corporation                 | is board of directors. Thereby accep                   | r nie sphonin       | nen as reg                 | , stored                   |
| gone ram jammar wan are   | , , , , , , , , , , , , , , , , , , ,  |   |                             |  |                     |                            |                            |
| CIONATURE   |  |   |                             |  |                     |                            |                            |
| SIGNATURE Signature, typed or printed name  | of registered agent and title if applicable. (NOTE: F  | Registered Agent sig  | nature required             |  | DATE                |                            | 20.01.42                   |
| Signature, typed or printed name  12. Of  | FFICERS AND DIRECTORS  | Registered Agent sig  | nature required             | ADDITIONS/CHANGES TO OFF                               | ICERS AND           |                            | RS IN 12                   |
| Signature, typed or printed name  12. Of  TITLE DP  | ***************************************  | Registered Agent sig  | nature required             |  | ICERS AND           | DIRECTOI                   | RS IN 12                   |
| 12. Of TITLE DP MIXNER, DAVID B.  | FFICERS AND DIRECTORS  | Registered Agent sig  13.  1.1 TITLE  1.2 NAME  |                             | ADDITIONS/CHANGES TO OFF                               | ICERS AND           |                            | RS IN 12                   |
| 12. Of DP MIXNER, DAVID B. STREET ADDRESS 3125 TYRONE BLVD  | FFICERS AND DIRECTORS  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI   | DRESS                       | ADDITIONS/CHANGES TO OFF                               | ICERS AND           |                            | RS IN 12                   |
| 12. OF  TITLE DP  NAME STREET ADDRESS CITY-ST-ZIP ST. ZIP  SIgnature, typed or printed name  MIXNER, DAVID B.  3125 TYRONE BLVD  ST. PETERSBURG F   | FFICERS AND DIRECTORS  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-Zi  | DRESS                       | ADDITIONS/CHANGES TO OFF                               | FICERS AND          | Change                     | Addition                   |
| 12. OF  TITLE DP  NAME MIXNER, DAVID B.  STREET ADDRESS ST. PETERSBURG F  TITLE DVP   | FFICERS AND DIRECTORS  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZII   | DRESS                       | ADDITIONS/CHANGES TO OFF                               | FICERS AND          |                            | RS IN 12 Addition          |
| 12. OF  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  NAME  MIXNER, DAVID B. 3125 TYRONE BLVD ST. PETERSBURG F  DVP  MIXNER, MARK R.   | FFICERS AND DIRECTORS  DELETE  DELETE  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZII 2.1 TITLE 2.2 NAME  | DRESS 5                     | ADDITIONS/CHANGES TO OFF                               | FICERS AND          | Change                     | Addition                   |
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| 12. OF  TITLE DP  NAME MIXNER, DAVID B.  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  ST. PETERSBURG F  MIXNER, MARK R.  3125 TYRONE BLVD  ST. PETERSBURG F  | DELETE  DELETE  DELETE  DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 2.1 TITLE 2.2 NAME 2.3 STREET ADZ 2.4 CITY-ST-ZI  | DRESS DRESS                 | ADDITIONS/CHANGES TO OFF                               | FICERS AND          | Change                     | Addition                   |
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS