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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90125 005 ***158.75

D	OCUMENT	#	405	104
1.	Corporation Name		700	10-

BIOMAG	NETICS INTERNATIONAL, I	NC.			
Principal Plac	e of Business	Mailing Address		T 188111 99011 EDIDI DILDE 11014 EDILI DIBI DIBI	I GINIS BLUSS BISSE BEUTE ALGUS SAND
2301 PARK AVENUE 2301 PARK AVENUE					
SUITE 102 SUITE 102				OO MOT MOTE IN TH	UO 0040E
		ORANGE PARK FL 32073		DO NOT WRITE IN TH	IS SPACE
				3. Date Ir corporated or Qualifed	
				07/18/1972 4. FEI Number	Applied For
Principal Place of Business Address Address				Not Applicable	
21 26			59-1459808	\$8.75 Additional	
Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required	
27				a Starting Committee Singuistics	\$5.00 May Be
City & S ate City & State			6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip			Country	8. This corporation owes the current year I	
— ·	25		30	Personal Property Tax.	Yes []No
24	9. Name and Address of Currer		,o ₁	10. Name and Address of New Registere	d Agent
	3. Haile and Address of Corre	K Rogiste, od Agent	81 Name	,,,	· - · · · · · · · · · · · · · · · · · ·
RAW	VLS, WALTER D., JR.				·
	1 PARK AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	TE 102		83		
	NGE PARK FL 32073				
Una	MINGE PARK I E 32073		84 City	F	85 Zip Ccde
office or	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida, Such change was autations of, Section 607.0505, Florid	thorized by the corporal	coration submit; this statement for the purpose on's board of directors. I hereby accept the apparent when reinstating) DATE ADDITIC NS/CHANGES TO OFFICERS.	onnument as regratered
TITLE	SPT	□ DELETE	1.1 TITLE	7.05.110.107.0	☐ Change ☐ Addition
NAME	RAWLS, WALTER C, JR (D)		12 NAME		
	1		1.3 STREET ADDRESS		
STREET ADDRESS			1.4 CITY-ST-ZIP		
CITY-ST-ZIP	ORANGE PARK FL	□ DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	D CHARGON CM		22 NAME		
NAME	SIMPSON, C.N.		2.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE	D	C Decere			
NAME	WALING, RONALD		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL	DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	V STATE OF S	- Decere			
NAME	RAWLS, RICHARD J.		4.2 NAME		
STREET ADDRES	2301 PARK AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE)	CT Occess	5.1 TITLE 5.2 NAME		
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	.\		6.3 STREET ADDRESS		

14. I hereby certify that the informatic n supplied with this filling 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 uncer oath; that I am an officer or director of the competition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP