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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 658683 (8)

1. Corporation Name
BIO-DATA, INC.

Principal Place of Business
10274 NW 47TH ST.
SUNRISE FL 33351
US

Mailing Address
540 NW 107TH AVE
PLANTATION FL 33324-1800
US



3. Date Incorporated or Qualified 03/03/1980
3a. Date of Last Report 04/02/1996

2. Principal Place of Business
21 10274 NW 47th St
22 Ste 11
23 Sunrise FL
24 33351 25 USA
26 10274 NW 47th St
27 Ste 11
28 Sunrise, FL
29 33351 30 USA

4. FEI Number 59-1992669
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

BAUMAN JEROME
7820 PETERS ROAD E103
PLANTATION FL 33324

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WALDER, SUSANNE	1.2 NAME	
STREET ADDRESS	540 NW 107TH ST	1.3 STREET ADDRESS	
CITY- ST- ZIP	PLANTATION FL	1.4 CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	
NAME	WALDER, SUSANNE	2.2 NAME	
STREET ADDRESS	10274 NW 47TH ST.	2.3 STREET ADDRESS	10274 NW 47th St Suite 11
CITY- ST- ZIP	SUNRISE FL	2.4 CITY- ST- ZIP	SUNRISE FL 33351
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I am 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97 (954)-748-6006

Date

Daytime Phone #

029AR71

CR2E034 (9/96)