

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **833780** (0)
1. Corporation Name
GAMMA BIOLOGICALS, INC.



Principal Place of Business GAMMA BIOLOGICALS 8751 W. BROWARD BLVD. PLANTATION FL 33324 US	Mailing Address 3700 MANGUM RD 8751 W. BROWARD BLVD. HOUSTON TX 77092 US	3. Date Incorporated or Qualified 02/06/1975	3a. Date of Last Report 04/06/1995
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21. Principal Place of Business GAMMA BIOLOGICALS	2a. Mailing Address 3700 Mangum Rd.	4. FEI Number 74-1668436	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State Houston, Tx	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip 77092	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country USA		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81. Name	10. Name and Address of New Registered Agent	
	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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIEDEN, BRYAN J		1.2 NAME	
STREET ADDRESS 17800 EAST WARREN		1.3 STREET ADDRESS	
CITY-ST-ZIP DETROIT MI		1.4 CITY-ST-ZIP	
TITLE CEO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HATCHER, DAVID E.		2.2 NAME	
STREET ADDRESS 15902 CHAMPION DR		2.3 STREET ADDRESS	
CITY-ST-ZIP SPRING TX		2.4 CITY-ST-ZIP	
TITLE CS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LETWIN, LAWRENCE E		3.2 NAME	
STREET ADDRESS 1069 CASITAS PASS RD 105		3.3 STREET ADDRESS	
CITY-ST-ZIP CARPINTERIA CA		3.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'BANNION, MARGARET		4.2 NAME	
STREET ADDRESS 2219 BRIARWEST		4.3 STREET ADDRESS	
CITY-ST-ZIP HOUSTON TX		4.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HATCHER, BETTY FRANCIS		5.2 NAME	
STREET ADDRESS 9404 MEMORIAL DR		5.3 STREET ADDRESS	
CITY-ST-ZIP HOUSTON TX		5.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOULDS, JOHN		6.2 NAME	
STREET ADDRESS 10235 OAK POINT DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP HOUSTON TX		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 attached sheet with an address.

SIGNATURE: *Margaret J. O'Bannion* **Margaret J. O'Bannion** 4/1/96 (713) 681-8481
VP-Finance

CR2E034 (12/95)