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**Apr 15 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 # **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 HOUSTON TX 77082-5408 US**

3. Date Incorporated or Qualified: **02/06/1975**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business: **21 GAMMA BIOLOGICALS**
22 Suite, Apt. #, etc.
23 City & State: **27 Houston, TEXAS**
24 Zip: **25 77092** Country: **29 USA** 30

4. FEI Number: **74-1668436**
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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BRIEDEN, BRYAN J
STREET ADDRESS	17800 EAST WARREN
CITY- ST- ZIP	DETROIT MI
TITLE	CEO <input type="checkbox"/> DELETE
NAME	HATCHER, DAVID E.
STREET ADDRESS	15902 CHAMPION DR
CITY- ST- ZIP	SPRING TX
TITLE	CS <input type="checkbox"/> DELETE
NAME	LETWIN, LAWRENCE E
STREET ADDRESS	1060 CASITAS PASS RD 105
CITY- ST- ZIP	CARPINTERIA CA
TITLE	V <input type="checkbox"/> DELETE
NAME	O'BANNION, MARGARET
STREET ADDRESS	2219 BRIARWEST
CITY- ST- ZIP	HOUSTON TX
TITLE	S <input type="checkbox"/> DELETE
NAME	HATCHER, BETTY FRANCIS
STREET ADDRESS	9404 MEMORIAL DR
CITY- ST- ZIP	HOUSTON TX
TITLE	P <input type="checkbox"/> DELETE
NAME	MOULDS, JOHN
STREET ADDRESS	10235 OAK POINT DR.
CITY- ST- ZIP	HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	PRESIDENT & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3700 mangum Road
2.4 CITY- ST- ZIP	HOUSTON TX 77092
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10801 LEMON AVENUE NO. 712
3.4 CITY- ST- ZIP	ALTA LOMA, CA 91737
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	8739 BRIARWEST BLVD NO. 140
4.4 CITY- ST- ZIP	HOUSTON TX 77077
5.1 TITLE	EXEC. V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	SR. V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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: *Margaret J. O'Bannon* **Margaret J. O'Bannon** 4/1/97 (713) 681-8481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP- Finance Date: _____

CR2E034 (9/96)