


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90092 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 833780

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 77092 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 GAMMA BIOLOGICALS Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 3700 mangum Rd Suite, Apt. #, etc. 27 City & State 28 HOUSTON, TX. Zip Country 29 77092 30 USA
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3. Date Incorporated or Qualified 02/06/1975	4. FEI Number 74-1668436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIEDEN, BRYAN J	1.2 NAME	EDWARD L. GAUW
STREET ADDRESS	17800 EAST WARREN	1.3 STREET ADDRESS	3130 GATEWAY DR
CITY-ST-ZIP	DETROIT MI	1.4 CITY-ST-ZIP	NORCROSS, GA 30091
TITLE	PCEO	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATCHER, DAVID E.	2.2 NAME	STEVEN C. RAMSEY
STREET ADDRESS	3700 MANGUM RD	2.3 STREET ADDRESS	3130 GATEWAY DR.
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	NORCROSS, GA 30091
TITLE	CS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LETWIN, LAWRENCE E	3.2 NAME	RALPH A. EATZ
STREET ADDRESS	10801 LEMON AVE NO. 712	3.3 STREET ADDRESS	3130 GATEWAY DR.
CITY-ST-ZIP	ALTA LOMA CA	3.4 CITY-ST-ZIP	NORCROSS, GA 30091
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BANNION, MARGARET	4.2 NAME	JIMMIE L. TURNER
STREET ADDRESS	2739 BRIARWEST BLVD NO. 140	4.3 STREET ADDRESS	3700 MANGUM RD
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	HOUSTON TX 77092
TITLE	EVP	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATCHER, BETTY FRANCIS	5.2 NAME	EILEEN M. NEUCERE
STREET ADDRESS	9404 MEMORIAL DR	5.3 STREET ADDRESS	3700 MANGUM RD
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	HOUSTON, TX 77092
TITLE	SVP	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOULDS, JOHN	6.2 NAME	ASA SECRETARY
STREET ADDRESS	10235 OAK POINT DR.	6.3 STREET ADDRESS	PHILIP N. MOISE
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	3130 GATEWAY DR.

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDWARD L. GAUW
1.3 STREET ADDRESS	3130 GATEWAY DR
1.4 CITY-ST-ZIP	NORCROSS, GA 30091
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEVEN C. RAMSEY
2.3 STREET ADDRESS	3130 GATEWAY DR.
2.4 CITY-ST-ZIP	NORCROSS, GA 30091
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RALPH A. EATZ
3.3 STREET ADDRESS	3130 GATEWAY DR.
3.4 CITY-ST-ZIP	NORCROSS, GA 30091
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JIMMIE L. TURNER
4.3 STREET ADDRESS	3700 MANGUM RD
4.4 CITY-ST-ZIP	HOUSTON TX 77092
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EILEEN M. NEUCERE
5.3 STREET ADDRESS	3700 MANGUM RD
5.4 CITY-ST-ZIP	HOUSTON, TX 77092
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ASA SECRETARY
6.3 STREET ADDRESS	PHILIP N. MOISE
6.4 CITY-ST-ZIP	3130 GATEWAY DR.

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.

SIGNATURE: EILEEN M. Neucere Eileen Neucere 1/4/99 713-681-8481
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)