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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **F92000000878 (0)**

1. Corporation Name

MOTE SCIENTIFIC FOUNDATION, INC.

Principal Place of Business	Mailing Address
603 LONGBOAT CLUB WAY. 1101N LONGBOAT KEY FL 34228	603 LONGBOAT CLUB WAY. 1101N LONGBOAT KEY FL 34228-3849

3. Date Incorporated or Qualified: **12/08/1992**
3a. Date of Last Report: **03/20/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **13-6117615** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25
Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

MOTE, WILLIAM R
603 LONGBOAT CLUB WAY, 1101N
SARASOTA FL 34228

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOTE, WILLIAM R		1.2 NAME	
STREET ADDRESS	603 LONGBOAT CLUB WAY, 1101N		1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		1.4 CITY-ST-ZIP	
TITLE	VPVC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ROBERT M		2.2 NAME	
STREET ADDRESS	27 S. ORANGE AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RITCHIE, BILL		3.2 NAME	
STREET ADDRESS	SP/CLW AIRPORT, RM 239, TERMINAL W WING		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HULL, PETER T		4.2 NAME	
STREET ADDRESS	852 SIESTA DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, MILTON		5.2 NAME	
STREET ADDRESS	644 OLEASTER AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] REQUIRED President 3/4/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0062606