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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F93000003694 (7)**

1. Corporation Name
BIOLOK INTERNATIONAL INC.

Principal Place of Business	Mailing Address
1225 BROKEN SOUND PARKWAY. N.W. STE C BOCA RATON FL 33487 US	1225 BROKEN SOUND PARKWAY. N.W. STE C BOCA RATON FL 33487-3533 US

3. Date Incorporated or Qualified: 08/10/1993
3a. Date of Last Report: 06/12/1996

2. Principal Place of Business
21: 312 S. Military Trail
Suite, Apt. #, etc. 22:
City & State 23: Deerfield Beach, Florida
Zip 24: 33442 Country 25: Broward

2a. Mailing Address
26: 312 S. Military Trail
Suite, Apt. #, etc. 27:
City & State 28: Deerfield Beach, Florida
Zip 29: 33442 Country 30: Broward

4. FEI Number: 65-0317138 ☐ 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

KOZAK, INGO
~~1225 BROKEN SOUND PKY., N.W.~~
~~BOCA RATON FL 33487~~
312 S. Military Trail
Deerfield Beach, FL 33442

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable): 312 S. Military Trail
63
64 City: Deerfield Beach FL 85 Zip Code: 33442

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: Ingo K. Kozak, VP — 4/11/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	☐ DELETE	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	HOLLANDER, BRUCE L		1.2 NAME		
STREET ADDRESS	10563 BOCA WOOD LANE	✓	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	2.1 TITLE	D/C	☐ Change ☒ Addition
NAME	SIMMONS, WILLIAM		2.2 NAME	Baronoff, Peter R.	
STREET ADDRESS	10936 SW 138TH PL		2.3 STREET ADDRESS	1615 Forum Place, SE 1B	✓
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	DTVS	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	KOZAK, INGO K		3.2 NAME	Smith, Neil H.	
STREET ADDRESS	4B ATRIUM CIR	✓	3.3 STREET ADDRESS	7816 Travelers Tree Dr.	✓
CITY-ST-ZIP	ATLANTIS FL		3.4 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MARTIN, LEONARD D		4.2 NAME	Sadowsky, Carl	
STREET ADDRESS	16 ROYAL PALM WAY, UNIT 203		4.3 STREET ADDRESS	192 Commodor Drive	✓
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	Jupiter, FL 33477	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Sakaka, Steve	
STREET ADDRESS			5.3 STREET ADDRESS	3474 Derby Lane	✓
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33331	
TITLE	D	☒ Addition	6.1 TITLE	D	☐ Change ☒ Addition
NAME	Pletscher, Bruno		6.2 NAME	Weisman, Harold H.	
STREET ADDRESS	11 Victoria Avenue (c/o PDS)	✓	6.3 STREET ADDRESS	11062 Boca Woods Lane	✓
CITY-ST-ZIP	Nassau, Bahamas		6.4 CITY-ST-ZIP	Boca Raton, FL 33428	

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (Ingo K. Kozak) 4/11/97 954-698-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #