

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001691 (4)**

1. Corporation Name
IXION BIOTECHNOLOGY, INC.



Principal Place of Business: **BOX 26 12085 Research Drive ONE PROGRESS BLVD. ALACHUA FL 32615**
Mailing Address: **BOX 26 12085 Research Drive ONE PROGRESS BLVD. ALACHUA FL 32615**

3. Date Incorporated or Qualified: **04/04/1994**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21 **12085 RESEARCH DRIVE**
22 Suite, Apt. #, etc.
23 **Alachua FL**
24 **32615**
25 **Alachua**
26 **12085 RESEARCH DRIVE**
27 Suite, Apt. #, etc.
28 **Alachua FL**
29 **32615**
30 **Alachua**

4. FEI Number: **59-3174033**
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

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (Name, typed or printed name of director, officer or agent, if a corporation) (NOTE: Registered Agent Signature required when changing) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GAINES, WEAVER H	
STREET ADDRESS	5142 SW 92ND COURT	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PECK, AMMON B DR	
STREET ADDRESS	9311 SW 43RD LANE	
CITY - ST - ZIP	GAINESVILLE FL 32608	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TREW, MARY	
STREET ADDRESS	5142 SW 92ND COURT	
CITY - ST - ZIP	GAINESVILLE FL 32608	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PECK, DAVID C	
STREET ADDRESS	115 GOLFVIEW	
CITY - ST - ZIP	HOMASSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARGULIES, DAVID M.	
STREET ADDRESS	13807 GOODMAN	
CITY - ST - ZIP	OVERLAND PARK KS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9922 SW 41ST Road
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9922 SW 41ST Road
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	59 Pine Ridge Road
5.4 CITY - ST - ZIP	Newton, MA 02168
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D VINCENT P. Mihalik
6.3 STREET ADDRESS	915 Hague Road
6.4 CITY - ST - ZIP	INDIANAPOLIS, IN 46250

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 attachment with an address.

SIGNATURE: *Weaver H. Gaines*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WEAVER H. GAINES

4/28/96 904-462-3961
Date Original Filing #

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