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May 02 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 # F95000002050 (1)

1. Corporation Name
XYBION CORPORATION

Principal Place of Business
240 CEDAR KNOLLS RD.
CEDAR KNOLLS NJ 07827-1698

Mailing Address
240 CEDAR KNOLLS RD.
CEDAR KNOLLS NJ 07827-1621



3. Date Incorporated or Qualified 04/27/1995	3a. Date of Last Report 02/20/1996
4. FEI Number 22-2066459	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

PENTON, ALVIN
AIRPORT BUSINESS CENTER, BLDG. 100
4500 140TH AVE., N., STE. 115
CLEARWATER FL 34622-3842

10. Name and Address of New Registered Agent

81 Name Penton, Alvin
82 Street Address (P.O. Box Number is Not Acceptable) Airport Business Center
83 4700 140th Ave., N., Ste 208
84 City Clearwater
85 Zip Code FL 34622

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 NAME STREET ADDRESS CITY-ST-ZIP	CP FROST, PAUL A 12 CARSWELL COURT BASKING RIDGE NJ 07820 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Anderson, George B. 283 Via Villena Encinitas, CA 92024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROST, DAVID R 10385 EL CAPITAN REAL ROAD EL CAJON CA 92021 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUK, VICTOR 2330 WICKLYN ROAD LANCASTER PA 17601 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Houk, Victor 4297 Carpinteria Avenue, Unit #11 Carpinteria, CA 93013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NEGLIA, DAVID M 17849 AGUAMIEL ROAD SAN DIEGO CA 92127 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Vice President Neglia, David M. 17849 Aguamiel Road San Diego, CA 92127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINK, FRAN 39 LAFAYETTE ST. WHARTON NJ 07885 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PORFANO, STEVEN L 206 SPRUCE HILLS DRIVE GLEN GARDNER NJ 08826 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	CFO/Treasurer Porfano, Steven L. 9 Boehm Drive Lebanon, NJ 08833 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven L. Porfano
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

(201) 538-5111

CR2E034 (9/96)