

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-23-1999 90244 045 ***158.75

DOCUMENT # F95000002050

1. Corporation Name
XYBION CORPORATION

Principal Place of Business
11528 53RD STREET NORTH
CLEARWATER FL 33760-4825

Mailing Address
11528 53RD STREET NORTH
CLEARWATER FL 33760-4825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1995

4. FEI Number

22-2066459

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

PENTON, ALVIN
AIRPORT BUSINESS CENTER
4700 140TH AVE. N., SUITE 208
CLEARWATER FL 34622

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 NOT REQUIRED

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME FROST, PAUL A
STREET ADDRESS 12 CARSWELL COURT
CITY-ST-ZIP BASKING RIDGE NJ 07920

DELETE

TITLE D
NAME FROST, DAVID R
STREET ADDRESS 10385 EL CAPITAN REAL ROAD
CITY-ST-ZIP EL CAJON CA 92021

DELETE

TITLE D
NAME HOUK, VICTOR
STREET ADDRESS 4599 CAMINO DEL MIRASOL
CITY-ST-ZIP SANTA BARBERA CA 93110

DELETE

TITLE EVP
NAME NEGLIA, DAVID M
STREET ADDRESS 7 JOHN DRIVE
CITY-ST-ZIP ANNADALE N. 08801

DELETE

TITLE S
NAME MINK, FRAN
STREET ADDRESS 39 LAFAYETTE ST.
CITY-ST-ZIP WHARTON NJ 07885

DELETE

TITLE CFOT
NAME PORFANO, STEVEN L
STREET ADDRESS 9 BOEHM DR
CITY-ST-ZIP LEBANON NJ 08833

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME R. Dean Hartwick
1.3 STREET ADDRESS 2420 Palos Verdes Drive West
1.4 CITY-ST-ZIP Palos Verdes Estates, CA 90274

Change

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

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: Fran Mink

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19Apr99 (973) 538-5111

Date

Daytime Phone #

CR2E034 (1/198)