

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mopham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004520 (9)

1. Corporation Name  
AQUAGENE, INC.



Principal Place of Business  
12085 RESEARCH DR.  
ALACHUA FL 32615

Mailing Address  
12085 RESEARCH DR.  
ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3437113	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHUSTER, HOLLY 12085 RESEARCH DR. ALACHUA FL 32615		10. Name and Address of New Registered Agent	
81	Name LARI GALIDEAU	82	Street Address (P.O. Box Number is Not Acceptable) 12085 RESEARCH DR
83	City ALACHUA	84	City ALACHUA
85	Zip Code 32615		

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 *J. J. Galipeau* (NOTE: Registered Agent signature required when registering) DATE 5/18/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JOHN B	1.2 NAME	
STREET ADDRESS	9401 FRANKLIN AVE. WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, WEAVER	2.2 NAME	
STREET ADDRESS	12085 RESEARCH DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, JAY M	3.2 NAME	
STREET ADDRESS	6611 HAYTER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEN, ARUP	4.2 NAME	
STREET ADDRESS	6621 NW 41 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGDEN, SHARON	5.2 NAME	
STREET ADDRESS	12085 RESEARCH DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, HOLLY	6.2 NAME	
STREET ADDRESS	12085 RESEARCH DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	6.4 CITY-ST-ZIP	

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, on an attachment with an address

CR2E034 (10/97)