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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Modham

	1996			otary of State F CORPORATIONS			
DOCU	MENT # H62	2030	(2)				
	IGTON SCIENCES, INC	О.					
Principal Place of Business		Mailing A	ddress		C OF BLOSH OND OFFINE DRIVE DRIVE INITIAL	anan matat midir mamin kutan Mah	IR DIDRI IDDA
	BAN AVENUE, NE BURG FL 33703		ichigan aven Tersburg fl				
_					<ol> <li>Date Incorporated or Qualified 06/14/1985</li> </ol>	3a. Date of Last Repo 03/02/1995	ort
1	lace of Business	l··	g Address		4. FEI Number	<del></del>	plied For
21   Suite, Apt.	# etc	26 Suits	Act # etc		59-2546883		t Applicable
22	., 0.0	27	Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	
City & Stati	е	City 8	State		6. Election Campaign Financing	\$5.00	<del> </del>
23 Zip	Country	28		T 0	Trust Fund Contribution	Added to	o Fees
24	25	Z <sub>I</sub> p <b>29</b>		Country 30	This corporation has liability for i     Florida Statutes  Yes	ntangible tax under s 19	99.032,
	g. Name and Address of		Agent		10. Name and Address of New R		
				81 Name		- <del></del>	
	LEONARD			82 Street Ad	dress (P.O. Box Number is Not Acceptable	le)	
STE 200	ENTRAL AVE					··	
	FRSBURG FL 33710			83			
01.161	ENODONG FE 337 IO			84 City		FL 85 Zip C	ode
						pose of enuriging its regi	210100 011100
familiar wi	Signature itypeshor printed harrie of register	of, Section 607.0505, F	lorida Statutes	76d by the corporation's bo 3 DIE Registered Agent squature requir	oration submits this statement for the purp and of directors. I hereby accept the apport	intment as registered ag	ent. I am
familiar wi SIGNATURE 12.	Signature it speed or printed have of register OFFICER	of, Section 607.0505, F red agred and bled applicable RS AND DIRECTORS	lorida Statutes	S Tit. Registered Agenit signature required 13.	ard or directors. I hereby accept the appo	DATE  CERS AND DIRECTORS	ent. I am
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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 cath, 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 Ellock 12 or Ellock 13 if changed, or on an attachment with an address.

SIGNATURE: David Covington 3/8/96 (813)522-3516