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

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1990	C00 41 13		DIVISION O	F CORPORAT	IONS						
1. Corporation	Name	# K55868 SCIENCE, INC.	3	(9)	90). D.)	4 (88)dill 86) dilbi dilbi lalid bilbi	1011 01011 Et011 0121		ARII SIRII ITRI	
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Principal Place of Business Mailing Address										, 81811 61	JDIS WEDLE LOQI	
3923 COCONU TAMPA FL 336		E. SUITE 101	3923 COC TAMPA FL		DRIVE, SUITE	101						
								3. Date incorporated or Qualified 12/30/1988	3a. Date of t			
2. Principal Pla	ace of Busines	SS	2a. Mailing	2a. Mailing Address				4. FEI Number			Applied For	
21	11 11		26								Not Applicable	
Suite, Apt. #	#, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	Status Desired S8.75 Additional			
City & State				City & State				Fee Required 6. Election Campaign Financing \$5.00 May Re				
23			28					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	-	Country	Zip	h		Country		8. This corporation has liability for intangible tax under s 199.03			199.032,	
24	25 9. Name and Address of Current			29 30				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	g, Hamo t	THE PARTY OF THE P	riogiatored A	aetir	8	1 Name		10. Name BNG Address of New F	legistered Age	<u>nt</u>		
MENDELS	SOHN, FREI	D M.			8			(C O D- N				
		M DRIVE, SUITE 101					Addres	ress (P.O. Box Number is Not Acceptable)				
tampa f	L 33619				8	3	• • • • • • • • • • • • • • • • • • • •					
								85 Zip Code				
44 6									- FL !	1 '		
or registere	o the provisioned agent, or b	ns of Sections 607,0502 both, in the State of Floric	and 607,1508, l la. Such change	Florida Statul was authoria	tes, the above zed by the co	named c poration's	orporat board	ion submits this statement for the pur of directors. I hereby accept the app	rpose of changir ointment as regi	ig its re stered	egistered office agent. I am	
	h, and accept	t the obligations of, Secti	on 607.0505, Fi	orida Statute:	S.				5			
SIGNATURE:	Signature, typen or	printed name of registered agent.	and title if applicable	(N	OTE: Registered Ac	nul signature	required w	/hen reinstating)	DATE			
12.		OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTOF	3S IN 12	
TITLE	D	10111 EDED 44] DELETE	1.4 THL				□ CI	nange	Addition	
MENDELSOHN, F		CONUT PALM DR 10'				1.2 NAME						
STREET ADDRESS	TAMPA FI					FT ADDRESS						
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NAME					5.2 NAM							
STREET ADDRESS						T ADDRESS						
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NAME			L	1 255576	6.2 NAME				LJ V	ange	☐ MODITION	
STREET ADDRESS						ET ADDRESS	1					
CITY-ST-ZIP					6 4 CITY	ST-ZIP /	Y/					
oath; that I oath; that I appears in	am an officer Block 12 or E	on maleated on this annul for director of the corpor Block 13 if changed, or o	nt report or supp ation or the rece	emental and eiver or truste with an add	nished and do nual report is t se empower e d	es not qua	coturato	the exemption stated in Section 119, and that my signature shall have the eport as required by Chapter 607, Fl	across local affac	سائت مساه	سنامين ملميدي	
CICNIATI	IIDE.	· · · · · · · · · · · · · · · · · · ·	/	- "				() 1 1	1710			