

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shandra B. Morrison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L22366**

(3)

1. Corporation Name  
**BIO-SAFE AMERICA, INC.**



Principal Place of Business

4301 32ND ST. W.  
UNIT C-16  
BRADENTON FL 34205

Mailing Address

4301 32ND ST W  
UNIT C-16  
BRADENTON FL 34205  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

CLEARY, KENNETH W.  
2401 MANATEE AVE. W.  
BRADENTON FL 34205

3. Date Incorporated or Qualified  
**10/10/1989**

3a. Date of Last Report  
**07/14/1995**

4. FCI Number  
**65-0163393**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

81 Name **MARK S. MOYER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1820 81ST ST N.W.**  
83  
84 City **BRADENTON** FL 85 Zip Code **34209**

11. Pursuant to the provisions of Sections 607.0102 and 607.1503, 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. Hereby a copy of the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0103, Florida Statutes.

SIGNATURE *MA & MF* **MARK S. MOYER**

3/27/96

12. OFFICERS AND DIRECTORS

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>D</b>                        | <input type="checkbox"/> DELETE            |
| NAME           | <b>MOYER, MARK S.</b>           |  |
| STREET ADDRESS | <b>1820 81ST ST NW</b>          |  |
| CITY- ST- ZIP  | <b>BRADENTON FL</b>             |  |
| TITLE          | <b>D</b>                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>DOWNHAM, CHARLES</b>         |  |
| STREET ADDRESS | <b>3921 SHEARWATER DR.</b>      |  |
| CITY- ST- ZIP  | <b>JUPITER FL</b>               |  |
| TITLE          | <b>D</b>                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FERGUSON, RODNEY</b>         |  |
| STREET ADDRESS | <b>RT. 1 460 UPPER RIVER RD</b> |  |
| CITY- ST- ZIP  | <b>GALLIPOLIS OH</b>            |  |
| TITLE          |                                 | <input type="checkbox"/> DELETE            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY- ST- ZIP  |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> DELETE            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY- ST- ZIP  |                                 |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY- ST- ZIP  |   |
| 15 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16 NAME           |   |
| 17 STREET ADDRESS |   |
| 18 CITY- ST- ZIP  |   |
| 19 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20 NAME           |   |
| 21 STREET ADDRESS |   |
| 22 CITY- ST- ZIP  |   |
| 23 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24 NAME           |   |
| 25 STREET ADDRESS |   |
| 26 CITY- ST- ZIP  |   |
| 27 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28 NAME           |   |
| 29 STREET ADDRESS |   |
| 30 CITY- ST- ZIP  |   |

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(c), 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 registrar or trustee or powers thereto, or have the authority to 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 addendum.

SIGNATURE: *MA & MF* **MARK S. MOYER**

3/27/96

941-755-1921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)