

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L46783**

(1)

1. Corporation Name

APHERESIS TECHNOLOGIES, INC.



Principal Place of Business

**612 FLORIDA AVE.
PALM HARBOR FL 34683**

Mailing Address

**P.O. BOX 2081
PALM HARBOR FL 34682-2081**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/26/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3006520

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**

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

**CORNISH, BRIAN K.
1316 BELCHER DRIVE NORTH
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name

John B. Cornish

82 Street Address (P.O. Box Number is Not Acceptable)

612 Florida Ave.

83

84 City

Palm Harbor

FL

85 Zip Code

34683

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

John B. Cornish
Signature, typed or printed name of registered agent and title (if applicable)

John B. Cornish

President

4/29/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE

President

☒ Change ☐ Addition

NAME

CORNISH, BRIAN K.

1.2 NAME

John B. Cornish

STREET ADDRESS

1316 BELCHER DRIVE, NORTH

1.3 STREET ADDRESS

612 Florida Ave.

CITY-ST-ZIP

TARPON SPRINGS FL

1.4 CITY-ST-ZIP

Palm Harbor, FL 34683

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

CORNISH, BRIAN K.

2.2 NAME

STREET ADDRESS

1316 BELCHER DRIVE, NORTH

2.3 STREET ADDRESS

CITY-ST-ZIP

TARPON SPRINGS FL

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**800001840018
-05/28/96--01017--016**

*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

John B. Cornish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B. CORNISH

4/15/96

813-787-5616

Date

Daytime Phone #

SG 5-1-96

CR2E034 (12/95)