

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 10, 1999 8:00 am  
Secretary of State

06-10-1999 90021 009 \*\*\*550.00

DOCUMENT # L50675

1. Corporation Name

TRANSDERMAL TECHNOLOGIES, INC.

Principal Place of Business

1368 N. KILLIAN DRIVE  
LAKE PARK FL 33403  
US

Mailing Address

P.O. BOX 14804  
NORTH PALM BEACH FL 33408-0804  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1990

4. FEI Number

65-0172954

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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9. Name and Address of Current Registered Agent

KIRBY, KENNETH B.  
8631 URANUS TERRACE.  
PALM BEACH GARDENS FL 33403

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME KIRBY, KENNETH B.  
STREET ADDRESS 8631 URANUS TERR.  
CITY-ST-ZIP LAKE PARK FL

TITLE D ☐ DELETE  
NAME KIRBY, JOSEPH M.  
STREET ADDRESS 6543 LAKE CHARM CIRCLE  
CITY-ST-ZIP OVIEDO FL

TITLE VD ☐ DELETE  
NAME CRAWFORD, BRUCE  
STREET ADDRESS 11467 RIVERWOOD PLACE  
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME S Annis Arasim  
1.3 STREET ADDRESS 8 Kintyre Rd.  
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D Don Rosenketter  
2.3 STREET ADDRESS 1368 N. Killian Dr.  
2.4 CITY-ST-ZIP Lake Park, FL 33418

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/8/99 561-848-2345

CR2E034 (1/198)

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