

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L55729 (2)

1. Corporation Name
HEMO, INC.

Principal Place of Business
925 NW 201ST AVE
PEMBROKE PINES FL 33029

Mailing Address
925 NW 201ST AVE.
PEMBROKE PINES FL 33029



21	22	23	24	25	26	27	28	29	30
Principal Place of Business					Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified 03/05/1990	3a. Date of Last Report 06/16/1995
4. FEI Number 65-0185495	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. 190.032, Florida Statutes. ☐ Yes ☐ No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

ROBERTS, SUSAN
925 NW 201 AVE
PEMBROKE PINES FL 33029

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 607.0612 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 accept the appointment as registered agent. I am familiar with and accept the obligations of the registered office, Florida Statutes.

SIGNATURE

Susan Roberts

V.P.

SR

4/15/96 SR

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ROBERTS, JACK N.	
STREET ADDRESS	925 NW 201 AVE	
CITY-STATE-ZIP	PEMBROKE PINES FL	
TITLE	VP	☐ DELETE
NAME	ROBERTS, SUSAN H	
STREET ADDRESS	925 NW 201 AVE	
CITY-STATE-ZIP	PEMBROKE PINE S	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Roberts

4/15/96 954-4312678

CR2E034 (12/95)