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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96030

(6)

Mailing Addraga

FLORIDA BIOLOGICALS, INC.

FILED Feb 05 1997 8:00am Secretary of State

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rnacipal riace	: Or business	Maining Address								
HAKELAND FL O		PO BOX 415 HIGHLAND CITY FL 33846-0 US	415							
MULBERRY- FL 33860.						3. Date Incorporated or Qualified 08/17/1990	· · · · · · · · · · · · · · · · · · ·			
2. Principal FI	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
21 MUI	LBERRY.	26 P.D. Box	(415	<u> </u>		59-3019312		No	ot Applicable	
Suite, Apt #, etc.  Suite, Apt #, etc.  N.W. 9 <sup>th</sup> AVE  27  Suite, Apt #, etc.						5. Certificate of Status Desired			Additional equired	
City & State					<u>,                                    </u>	Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 33860 25 OLK 29 33846 30 POLK. Florida Statutes Yes No										
	9. Name and Address of Current	Registered Agent		i Nam		10. Name and Address of New Re-	gistered A	gent		
	DANIEL, V.K.									
5006 IRONWOOD TR BARTOW FL 33830					82 Street Address (P.O. Box Number is Not Acceptable)					
Druii.	011 12 00000		8:	3						
			8-	6 City			FL	<b>85</b> Zip	Code	
11. Pursuant Mile 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 reputered agent, for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I pereby accept the appointment as registered agent. Land limitiar with, all discrept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE:  Signature of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating)										
12.	OFFICERS AND		13.	Agus siñua	ore require	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12	
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this allocated on this allocated on this allocated proposed in the same legal effect as if made under oath; that I am an officer or director of the perpetuition or the repetiver 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 shanged, or on an attachment with an address.

SIGNATURE:

GNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

112197.

941,425,3180