FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44710** **(4)**

1. Corporation Name
THE ANABIOSIS PRESS, INC.

Principal Place of Business	Mailing Address
4537 MARALDO AVE. NORTH PORT FL 34287 US	P. O. BOX 7787 NORTH PORT FL 34287-0787 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/14/1991**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0318923** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 2852 ALGARDI LANE	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NORTH PORT, FL	City & State 28
Zip / Country 24 34282 / 25 SARASOTA	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, *Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROBST, RICHARD A. 4537 MARALDO AVE. NORTH PORT FL 34287	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2852 ALGARDI LANE 83 84 City NORTH PORT FL 85 Zip Code 34282

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☑ Change ☐ Addition
NAME	SMYTH, RICHARD	12 NAME		
STREET ADDRESS	325-4 UNIVERSITY VILLAGE	13 STREET ADDRESS	766-6 N. WHEELER AVE	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	ST. PAUL, MN 55104	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	BROBST, RICHARD	22 NAME		
STREET ADDRESS	4537 MARALDO AVE.	23 STREET ADDRESS	2852 ALGARDI LANE	
CITY-ST-ZIP	NORTH PORT FL	24 CITY-ST-ZIP	NORTH PORT, FL 34282	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	LEWALLEN, WALTER	32 NAME		
STREET ADDRESS	13827 AZALEA CIR., #35-F	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ RICHARD SMYTH 4/25/95 612-646-2809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064332