


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90062 010 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N44710</b>					
1. Corporation Name <b>THE ANABIOSIS PRESS, INC.</b>					
Principal Place of Business 2852 ALGARDI LANE NORTH PORT FL 34282 US			Mailing Address P. O. BOX 7787 NORTH PORT FL 34287-0787 US		



2. Principal Place of Business 21 <b>17145 Urban Avenue</b>		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/14/1991</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>65-0318923</b>	
23 City & State <b>Port Charlotte FL</b>		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>33954</b> 25 Country <b>USA</b>		29 Zip Country		30 30 <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>BROBST, RICHARD A. 17145 URBAN AVENUE PORT CHARLOTTE FL 33954</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City <b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMYTH, RICHARD			1.2 NAME			
STREET ADDRESS	132 HANCOCK STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	EVERETT MA 02149			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROBST, RICHARD			2.2 NAME			
STREET ADDRESS	17145 URBAN AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33954			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWALLEN, WALTER			3.2 NAME			
STREET ADDRESS	16210 AMBERLY DRIVE 21-16			3.3 STREET ADDRESS	<b>5111 Arbor Pointe Circle #216</b>		
CITY-ST-ZIP	TAMPA FL 33647			3.4 CITY-ST-ZIP	<b>TAMPA, FL 33617-1016</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 of 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, with all other like empowered.

SIGNATURE: Richard Smyth 25 FEB 1999 617-387-0491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)