FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700002014

1. Corporation Name

THE FLORIDA ANTIVENIN BANK, INC.

Principal Place of Business

Mailing Address

2755 LIONHEART ROAD WINTER PARK FL 32792 2755 LIONHEART ROAD WINTER PARK FL 32792

FILED Apr 27, 1999 8:00 am § Secretary of State

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	lace of Business	2a. Mailing Address	2 4 2	3. Date Incorporated or Qualified 09/25/1995	
21 738, '			34 PL_		S de mad Can
Suite, Ant.		Suite, Apt. #, etc.	22100	4. FEI Number 31-1495384	Applied For Not Applicable
22 M/		27 MIA, FL	<u>33182</u>	311+33004	\$8.75 Additional
City & Stat	9 	City & State		5. Certifcate of Status Desired	Fee Recuired
Zip	Country [25] USA	Zip 30	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	9. Name and Address of Current	1 1		10. Name and Address of New Registers	ed Agent
				RUZ ARGELIO	
	, DENNIS M		82 Street Acc	dress (P.O. Box Number is Not Acceptable)	
2755 LIONHEART ROAD			83 73	3 NW 134 PL	
WINTER PARK FL 32792-431 3			83 MI	IAMI, FL 33182	<u>.</u>
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statutes,	the above-named cor	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was ลนถ	iorized by the corpor€t	tion's board of cirectors. I hereby accept the ap	pointment as registered
	III Idililiai Willi, I daccapt are obligati.	- ARGELIC		2/1	7/99
SIGNATURE	Signature, typed or printed name of egistered agent	, — <u>— — — — — — — — — — — — — — — — — —</u>	egistered Agent signature requi		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIC NS/CHANGES TO OFFICERS	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Additio
NAME	SARGENT, DENNIS M		12 NAME		
STREET ADDRESS	2755 LIONHEART ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792-4313		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE	****	☐ Change ☐ Addition
NAME	HILL, WAYNE		2.2 NAME		
STREET ADDRESS	2755 LIONHEART ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		2. 4 CITY-ST-ZIP		
TITLE	STD	X DELETÉ	3.1 TITLE	DTO	Change Addition
NAME	MCDANIEL, STEVE		3.2 NAME C.	IZUZ, ARGELIO	
STREET ADDRESS	3755 LIONHEART ROAD	'	2.2 STOCKT ADDRESS	1256 NIM 134 PL	_
CITY-ST-ZIP	WINTER PARK FL 32792-4313		3.4. CfTY-ST-ZIP	MIAMI, FL 33182	2
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additio
NAME		!	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		_
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	,	☐ DELETE	6.1 TITLE		Change 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 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, with all other like empowered.

SIGNATURE: