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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 P93000017916

1. Corporation Name

MOLECUL AR REPAIR HORIZONS INC.

## FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90086 027 \*\*\*150.00

	DAN HEI AIN HOMEONO,							
Principal Place	e of Business	Mailing Address					I MARKE DA MARK DAMBARK EMEL 	11 13 <b>04 6</b> 04 11 4 0 04
11377 WOODCHUCK DRIVE 11377 WOODCHUCK DRIVE BOCA RATON FL 33428 BOCA RATON FL 33428						DO NOT WRITE IN T	HIS SDACE	,
						3. Date Incorporated or Qualifed	HIS STACE	
i						03/09/1993	ν.	
2 Principal P	lace of Rusiness	2a. Mailing Address				4. FEI Number	Δ.	pplied For
2. Principal Place of Business 2a. Mailing Address 21						65-0384040	<b>⊢</b> +−	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		<del></del>				Additional
22		27				5, Certificate of Status Desired	Fee R	equired
City & State		— ´	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	Country	<b>28</b>	Count	·		Trust Fund Contribution	<del></del>	to rees
Zip	Country	<b>⊢</b>	$\overline{}$	u <del>y</del>		This corporation owes the current year     Personal Property Tax.	r intangible □Yes	#No
24	9. Name and Address of Curre	29	30			10. Name and Address of New Registe		IZ IVO
	9. Name and Address of Curre	ent Registered Agent	-	1 Nam	ne .	10, Haille alto Addiess of New Registe	rea Agent	
HINS	SON, MICHAEL R			1442.1				
11377 WOODCHUCK DRIVE			8	32 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
	A RATON FL 33428		-	33				1. I
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			[8	34 City			85 Zip	Code
agent. I a SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statut	es.		n's board of directors. I hereby accept the approximation when reinstating)  DATI		
12.	OFFICERS A							
		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	Р	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT Change	
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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 607, 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 561-482-3/02
Date Dayline Phone #

R2E034 (11/98)