## 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 # P93000026502 (3)

BIO-INFORMATICS, INC.

FILED
May 19 1997 8:00am
Secretary of State

Principal Place	e of Business	Mailing Address								
300 6 DUNCAN AVE			300 S DUNCAN AVE							
SUITE 290			SUITE 290							
CLEARWATER FL 34615 US		CLEARWATER FL 34815-6412 US				3. Date Incorporated or Qualified	3a. Date	of Last R	eport	
••							04/06/1993	04/30		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	<u> </u>	Aρ	plied For
21			26				59-3202195			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22 City & State			City & State						Fee Re	- <del>-</del>
23			City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip	Country		7ip Country			,	8. This corporation has liability for i			
24	25	· · <b>,</b>	29	30	1			Yes 🔲		. 100.052
<del></del>		Address of Current	and the second contract to the accordance to		`I		10. Name and Address of New Re	istered Ag	enl	
BUR	KE, BRIAN	-			81	Name				
	S DUNCAN AV		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)				
SUITE 290									· · · · · · · · · · · · · · · · · · ·	
CLEARWATER FL 34615			83							
					84	City			85 Zip (	Code
					1			ᅡᇈᆝ	`	
11. Pursuant	to the provisions	of Sections 607.0502 or both, in the State of	and 607.1508, Flo	orida Statutes, t ange was autho	the above orized by	e-named cor vithe corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of cl t the appoir	nanging it ntment as	s registered registered
agent. La	m familiar with, a	nd accept the obligat	ions of, Section 60	07.0505, Florida	Statute	S.	,			
SIGNATURE								DATE		
12.	Signalure, typod or prir	oted name of registered agen OFFICERS AND		(NOTE Hep	13.	ant's gnature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFFIC		IBECTOR	IS IN 12
TETLE	PSTD	OT ROCING PRIVE	and the same of the same of the same of	DELETE	1.1 10111	Γ	ADDITIONOJO I ANGLO TO OTTIC		Change	Addition
NAME	BURKE, BRIA	N K.			1.2 NAME					
STREET ADDRESS 300 SOUTH DUNCAN AVENUE			SUITE 290		1,3 STREET	ADDRESS				
CITY-ST-ZIP	CLEARWATE				1.4 City-S	}				
TITLE				DELETE	2.1 111LE				Change	Addition
NAME					2.2 NAME					
STREET ADDRESS					2.3 STREET	ADDRESS	•			
CITY-ST-ZIP					2. 4 CITY-	ST - 71P				
TITLE				DELETE	3.1 TITLE			L	Change	Addition
NAME				ŀ	3.2 NAME					
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY-ST-ZIP					3,4. СПҮ-	\$1 - ZIP				
TITLE				DELETE	4.1 TITLE				Change	Addition
NAME					4, 2 NAME					
STREET ADDRESS					4.3 STREET	I ADDRESS				
CITY-ST-ZIP					4.4 CITY-!	S1 - Z(P			1	1 4 4 199
TITLE			Ц	DELETE	5 1 TITLE			L	Change	Addition
NAME					5 2 NAME					
STREET ADDRESS						I ADDRESS				
CITY-ST-ZIP				DC1 575	5 4 CITY-5	61 · 7 IP		<del>-</del>	1 Dhe	- Augusta
TITLE				DELFTE	61 THLE			L	Change	Addition
NAME					6.2 NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	l				6,4 CHY-	SI - ZIP	W		~~~	

14. I do 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 eath; 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 arrelachment with an address.