## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #  1. Corporation Name	P93000052931 (1)					
SPECTRAGEN CORPORATION						
Principal Place of Business	Mailing Address					
7262 S LEEWYNN DR	7262 S LEEWYNN DR					



SANASOTA FE 34240	SARASOTA FL 34240			
				of Last Report <b>/01/1995</b>
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0434744	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		<b>5.</b> 33	Fee Required
City & State	City & State		6. Election Campaign Financing Truck Fund Contribution	\$5.00 May Be
23	28	<u>_</u>	Trust Fund Continuation	Added to Fees
Zip Country	Zip	Country	8. This corporation has fiability for intangible tax	unders 199.032,
24 25 25	29	30	Florida Statutes Yes X No  10. Name and Address of New Registered A	
9, Name and Address of Current Registered Agent  81 Name			10. Name and Address of New Registered A	gent
IODOENSEN SEDOE D		I Name		
JORGENSEN, SERGE D		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
7262 S LEEWYNN DR		83		
SARASOTA FL 34240		83		
		84 City	FI	85 Zip Code
11 Pursuant to the provisions of Sections 607.055	22 and 607 1608. Florida Statutes	the above nemed corner	ration submits this statement for the purpose of char	pains its registered office
or registered agent, or both, in the State of Fio familiar with, and accept the obligations of, Se	rida. Such change was authorized	by the corporation's boar	and of directors. I hereby accept the appointment as r	egistered agent. I am
SIGNATURE				
Signature, typed or printed namic of registered age		Flegistered Agent signature required		
<u> </u>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND I	
TILLE P	☐ DELETE	1. 1 TITLE	L	Change 🔲 Addition
NAME JORGENSEN, JOHN E. STREET ADDRESS 7262 S. LEEWYNN DR.		1.2 NAME		
ALDAGOTA EL		1.3 STREET ADDRESS		
	E) Nutre	14 CITY-SI-ZIP	Pir	- <del> </del>
IODOFNOEN OFFICE D	☐ DELETE	2. 1 TITLE	L	Change 🗀 Addition
7000 0 1FD(00H) 00		2 2 NAME		
OADAGOTA EL		2.3 STREET ADDRESS		
	- Driett	2.4 CITY-ST-ZIP		D 4870
TITLE	☐ DELETE	3. 1 TITLE		Change
NAME		3.2 NAME		
STREE1 ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZP	☐ DELETE	3.4 CITY - ST - ZIP	r -	Change Addition
	C) DELET	4. 1 TITLE	Li	Chang: Addition
NAME STREFT ADDRESS		4.2 NAME		
		4.3 STREET ADDRESS		
City-St-ZiP Trile	☐ DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Change Addition
NAME	_ better	5.2 NAME	L-J	Loughly: [7] yournon
STREET ADDRESS				
		5.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	5.4 CITY - ST - 2IP 6. 1 TITLE		Change Addition
NAME		6.1 MLE	L.J.	Community TT Monitori
		<b>a</b> 1		
STREET ADDRESS		6 3 STREET ADDRESS		
C(TY-ST-ZIP   14. I do hereby certify that the information supplied	with this filing is voluntarily furnish	6.4 CITY - ST-ZIP ned and does not qualify for	for the exemption stated in Section 119.07(3)(k), Flori	da 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.

SIGNATURE: