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**APPROVED
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96 SEP -6 AM 10: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000076355 (5)

1. Corporation Name
INFUGEN, INC.



Principal Place of Business Mailing Address
**3412 PALMIRA AVENUE
TAMPA FL 33629
US** **3412 PALMIRA AVENUE
TAMPA FL 33629
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
11/04/1993 **11/21/1995**

4. FEI Number Applied For
59-3204673 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CONLEY, KEVIN E
3412 PALMIRA AVENUE
TAMPA FL 33629**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **CONLEY, KEVIN E**

STREET ADDRESS **3412 PALMIRA AVE.**

CITY - ST - ZIP **TAMPA FL 33629**

TITLE DELETE

NAME **NEUBERT, GARY E**

STREET ADDRESS **8308 LASERENA DRIVE**

CITY - ST - ZIP **TAMPA FL 33614**

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1. TITLE Change Addition

2. NAME **NEUBERT, GARY**

3. STREET ADDRESS

4. CITY - ST - ZIP **Ms.**

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP **200001950672**

9. CITY - ST - ZIP **-09/18/96--01070--023**

10. CITY - ST - ZIP ******225.00 ****225.00**

11. TITLE Change Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

15. TITLE Change Addition

16. NAME

17. STREET ADDRESS

18. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Kevin E. Conley **KEVIN E. CONLEY** 5/25/96 813-889-3861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)