FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 APR -7 AM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087253 (9)**

1. Corporation Name
ULTRAPURE SCIENTIFICS, INC.

Principal Place of Business	Mailing Address
524 PAUL MORRIS DR. UNIT G ENGLEWOOD FL 34223	524 PAUL MORRIS DR. UNIT G ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0456328	☐ Applied For ☐ 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.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

MACRIS, STEVEN W
609 SOUTH TAMIAMI TRAIL
VENICE FL 34285

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 607.0501 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: [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE: President, Treasurer	☐ Change ☒ Addition
NAME	BARTON, JOHN	12 NAME	
STREET ADDRESS	15 SPORTSMAN LANE	13 STREET ADDRESS	
CITY ST ZIP	ROTONDA WE	14 CITY ST ZIP	
TITLE	D	21 TITLE: Vice President	☐ Change ☒ Addition
NAME	DUPONT, PAUL R JR.	22 NAME	
STREET ADDRESS	1645 B MANOR RD	23 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD FL	24 CITY ST ZIP	
TITLE		31 TITLE: Secretary	☐ Change ☒ Addition
NAME		32 NAME: Christine Parlon	
STREET ADDRESS		33 STREET ADDRESS: 524 Paul Morris Drive G	
CITY ST ZIP		34 CITY ST ZIP: Englewood, FL 34223	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I declare, certify, that the information required with this report is voluntarily furnished and 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 with an address, with an asterisk, or on an attachment with an asterisk.

SIGNATURE: John D Parlon John D Parlon 4/3/95 813 475-6243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0338606 CP