

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000047807 (0)
1. Corporation Name
BIOFORM INC.



Principal Place of Business
420 U.S. HWY. 1
NORTH PALM BEACH FL 33408

Mailing Address
420 U.S. HWY. 1
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1984	
21		26	8 SHANNON CIRCLE	4. FEI Number 65-0501332	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. WEST PALM BEACH FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MANDES, TED R 420 U.S. HWY. 1 NORTH PALM BEACH FL 33408				10. Name and Address of New Registered Agent			
				81 Name WARNER, STEPHEN J			
				82 Street Address (P.O. Box Number is Not Acceptable) 8 SHANNON CIRCLE			
				83			
				84 City WEST PALM BEACH FL 85 Zip Code 33401			

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, 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 *[Signature]* STEPHEN J. WARNER 4/29/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANDES, TED R			1.2 NAME	MANDES, TED R		
STREET ADDRESS	1017 N. FLAGLER			1.3 STREET ADDRESS	8426 QUAIL WADON WAY		
CITY-ST-ZIP	WEST PALM BEACH FL			1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33412		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARNER, STEPHEN J			2.2 NAME	WARNER, STEPHAN J		
STREET ADDRESS	1017 N. FLAGLER DR.			2.3 STREET ADDRESS	8 SHANNON CIRCLE		
CITY-ST-ZIP	WEST PALM BEACH FL 33407			2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33401		
TITLE	WARNER	<input type="checkbox"/> DELETE		3.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	WARNER, LAURA M		
STREET ADDRESS				3.3 STREET ADDRESS	8 SHANNON CIRCLE		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	WEST PALM BEACH FL 33401		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with an attachment with an address.

SIGNATURE *[Signature]* STEPHEN J. WARNER 4/29/98 561-641-2900

CR2E034 (10/97)