


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90065 046 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																											
DOCUMENT # P94000047807																																																																																																																																																													
1. Corporation Name BIOFORM INC.																																																																																																																																																													
Principal Place of Business 420 U.S. HWY. 1 NORTH PALM BEACH FL 33408		Mailing Address 8 SHANNON CR WEST PALM BCH FL 33401 US																																																																																																																																																											
2. Principal Place of Business 21 8 SHANNON CIRCLE		2a. Mailing Address 26																																																																																																																																																											
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27																																																																																																																																																											
City & State 23 WEST PALM BEACH FL		City & State 28																																																																																																																																																											
Zip 24 33401		Country 25																																																																																																																																																											
Country 29		Country 30																																																																																																																																																											
9. Name and Address of Current Registered Agent WARNER, STEPHEN J 8 SHANNON CIRCLE WEST PALM BCH FL 33401																																																																																																																																																													
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																													
12. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>DP</td><td>DELETE</td></tr><tr><td>NAME</td><td>MANDES, TED R</td><td></td></tr><tr><td>STREET ADDRESS</td><td>8426 QUAIL MEADOW WAY</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WEST PALM BEACH FL 33412</td><td></td></tr><tr><td>TITLE</td><td>DS</td><td>DELETE</td></tr><tr><td>NAME</td><td>WARNER, STEPHEN J</td><td></td></tr><tr><td>STREET ADDRESS</td><td>8 SHANNON CIRCLE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WEST PALM BEACH FL 33401</td><td></td></tr><tr><td>TITLE</td><td>DT</td><td>DELETE</td></tr><tr><td>NAME</td><td>WARNER, LAURA M</td><td></td></tr><tr><td>STREET ADDRESS</td><td>8 SHANNON CIRCLE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>W PALM BCH FL 33401</td><td></td></tr><tr><td>TITLE</td><td></td><td>DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE	DP	DELETE	NAME	MANDES, TED R		STREET ADDRESS	8426 QUAIL MEADOW WAY		CITY-ST-ZIP	WEST PALM BEACH FL 33412		TITLE	DS	DELETE	NAME	WARNER, STEPHEN J		STREET ADDRESS	8 SHANNON CIRCLE		CITY-ST-ZIP	WEST PALM BEACH FL 33401		TITLE	DT	DELETE	NAME	WARNER, LAURA M		STREET ADDRESS	8 SHANNON CIRCLE		CITY-ST-ZIP	W PALM BCH FL 33401		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 <table border="1"><tr><td>1.1 TITLE</td><td>Change</td><td>Addition</td></tr><tr><td>1.2 NAME</td><td></td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>2.1 TITLE</td><td>D, P, S</td><td>Change</td><td>Addition</td></tr><tr><td>2.2 NAME</td><td></td><td></td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>3.1 TITLE</td><td></td><td>Change</td><td>Addition</td></tr><tr><td>3.2 NAME</td><td></td><td></td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>4.1 TITLE</td><td></td><td>Change</td><td>Addition</td></tr><tr><td>4.2 NAME</td><td></td><td></td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>5.1 TITLE</td><td></td><td>Change</td><td>Addition</td></tr><tr><td>5.2 NAME</td><td></td><td></td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>6.1 TITLE</td><td></td><td>Change</td><td>Addition</td></tr><tr><td>6.2 NAME</td><td></td><td></td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td><td></td><td></td></tr></table>		1.1 TITLE	Change	Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP			2.1 TITLE	D, P, S	Change	Addition	2.2 NAME				2.3 STREET ADDRESS				2.4 CITY-ST-ZIP				3.1 TITLE		Change	Addition	3.2 NAME				3.3 STREET ADDRESS				3.4 CITY-ST-ZIP				4.1 TITLE		Change	Addition	4.2 NAME				4.3 STREET ADDRESS				4.4 CITY-ST-ZIP				5.1 TITLE		Change	Addition	5.2 NAME				5.3 STREET ADDRESS				5.4 CITY-ST-ZIP				6.1 TITLE		Change	Addition	6.2 NAME				6.3 STREET ADDRESS				6.4 CITY-ST-ZIP			
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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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN J. WARNER

3/26/99

Date

561-686-2900

Daytime Phone #

CR2E034 (11/98)

0319735