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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087785 (9)

XENOTRONIX OF FLORIDA, INC.

Principal Place of Business

Mailing Address

## FILED Jan 30 1998 8:00am Secretary of State



1031 MILLER DR P.O. BOX 520868 ALTAMONTE SPRINGS FL 32750 LONGWOOD FL 32752 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3275297 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GEERY, MICHELLE A 1031 MILLER DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32701** 83 84 85 Zip Code City 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 too if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TULE GEERY, MICHAEL J NAME 1.2 NAME 2E034 1031 MILLER DR. STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32701** CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE 2.1 TITLE Change Addition TITLE GEERY, MICHELLE A NAME 2.2 NAME 1031 MILLER DR. STREET ADDRESS 2.3 STREET ADDRESS ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition DILS, ERIC A NAME 3.2 NAME 1031 MILLER DR. STREET ADDRESS 3.3 STREET ADDRESS ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 500024172Bange DELETE 61 TITLE TITLE -01/30/98--01051--024 NAME 62 NAME \*\*\*150.00 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 expect 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.