

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000089761**

1. Corporation Name

IVF SCIENCE FLORIDA, INC.

Principal Place of Business

**821 DAHLIA LANE
VERO BEACH FL 32963
US**

Mailing Address

**P.O. BOX 3158
VERO BEACH FL 32964**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1994

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

4. FEI Number

59-3386818

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 owes the current year
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RODDENBERRY, W.E.
2345 14TH AVENUE
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name **FRIEDEL M. ZANDER**

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

83

84 City **VERO BEACH** **FL** **85** Zip Code **32963**

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

07/31/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **RODDENBERRY, W.E.**
STREET ADDRESS **2345 14TH AVENUE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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TITLE ☐ DELETE

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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

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **FRIEDEL M. ZANDER**
1.3 STREET ADDRESS **821 DAHLIA LN**
1.4 CITY-ST-ZIP **VERO BEACH FL 32963**

2.1 TITLE **P** ☐ Change ☒ Addition

2.2 NAME **PETER SVALLANDER**
2.3 STREET ADDRESS **MOLNDALSVAGEN 30A**
2.4 CITY-ST-ZIP **S-412 63 GOTEBOG, SWEDEN**

3.1 TITLE **T** ☐ Change ☒ Addition

3.2 NAME **STEFAN JAKOBSSON**
3.3 STREET ADDRESS **MOLNDALSVAGEN 30A**
3.4 CITY-ST-ZIP **S-412 63 GOTEBOG, SWEDEN**

4.1 TITLE **S** ☐ Change ☒ Addition

4.2 NAME **BERNDT FURST**
4.3 STREET ADDRESS **PO BOX 32**
4.4 CITY-ST-ZIP **SE-401 20 GOTEBOG, SWEDEN**

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/31/99

0125734

CR2E034 (5/99)

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90001 036 ***550.00

