

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

FILED

97 JUL -2 AM 10:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** ~~F02102~~ P95000024309  
 1. Corporation Name  
**BIO MECHANICAL INNOVATIONS, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 1381  
 PENSACOLA, FL.  
 32596**

3. Date Incorporated or Qualified **3/31/95** 3a. Date of Last Report  
 4. FEI Number **59-3305689** 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 **514 W. Moreno Street** 26 **514 W. Moreno Street**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 **Pensacola, FL** 28 **Pensacola, FL**  
 Zip Country Zip Country  
 24 **32501** 25 **Escambia** 29 **32501** 30 **Escambia**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City FL B5 Zip Code  
**CHARLES R. DIX**  
~~P.O. BOX 1381~~ **514 W. MORENO**  
~~PENSACOLA, FL 32596~~ **PENSACOLA, FL.**  
**32501**

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 (b)(2)(B) Registered Agent signature required when constituting DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	11 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLES R. DIX</b>	12 NAME	<b>CHARLES R. DIX</b>
STREET ADDRESS	<b>P.O. BOX 1381</b>	13 STREET ADDRESS	<b>514 W. MORENO ST</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 32596</b>	14 CITY-ST-ZIP	<b>PENSACOLA, FL. 32501</b>
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM A. HAUSER</b>	22 NAME	
STREET ADDRESS	<b>232 E. MAIN STREET</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA, FL 32501</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	<b>700002232607--1</b>
CITY-ST-ZIP		44 CITY-ST-ZIP	<b>-07/08/97--01040--010</b>
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	<b>****165.00 ****165.00</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 recorder 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: x 4-28-97 x 904-432-1838

CR2E034 (9/96)