

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000041386 (0)

1. Corporation Name
CYTECH LABORATORIES, INC.

Principal Place of Business
**7 SAN BARTOLA DR.
ST. AUGUSTINE FL 32086**

Mailing Address
**7 SAN BARTOLA DR.
ST. AUGUSTINE FL 32086**

FILED
Aug 20 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/25/1995

2. Principal Place of Business
21 **100 South Park Blvd**
Suite, Apt. #, etc.
22 **206**
City & State
23 **St. Augustine FL**
Zip
24 **32086**
Country
25 **ST. JOHNS**
26 **100 South Park Blvd**
Suite, Apt. #, etc.
27 **206**
City & State
28 **St. Augustine FL**
Zip
29 **32086**
Country
30 **ST. JOHNS**

4. FEI Number
59-3315796
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
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ESPOSITO, CHARLES A
UPCHURCH, PARSONS & ESPOSITO, P.A.
1510 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32085**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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
TITLE **PO** ☐ DELETE
NAME **GIMVANG, BO**
STREET ADDRESS **1083 A1A BEACH BLVD STE 371**
CITY-ST-ZIP **ST. AUGUSTINE FL**
TITLE **VOD** ☐ DELETE
NAME **KOEBRICK, JEFF**
STREET ADDRESS **9 1/2 NELMAR AVE**
CITY-ST-ZIP **ST. AUGUSTINE FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 **P JEFF KOEBRICK** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **20 Cusumanni Ave**
1.4 CITY-ST-ZIP **St. Augustine FL 32086**
2.1 TITLE **VP** ☐ Change ☐ Addition
2.2 NAME **AND WOTIZ**
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

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 Form 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

7/21/98 8.4.524.111

CR2E034 (5/98)