FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000044075 (6)

1. Corporation Name
DIVERSIFIED BIO-TECH PRODUCTS & SERVICES, INC.

Principal Place of Business	Mailing Address
18310 SUNSET BLVD. REDINGTON SHORES FL 33708	18310 SUNSET BLVD. REDINGTON SHORES FL 33708

3. Date Incorporated or Qualified: 05/30/1995
3a. Date of Last Report:

2. Principal Place of Business: 21 18310 Sunset Blvd
Suite, Apt. #, etc.: 22
City & State: 23 Redington Shores Fla
Zip: 24 33708 Country: 25 Pinellas

2a. Mailing Address: 26 Same
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-33-25-388 ☐ 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

9. **Name and Address of Current Registered Agent**

NORTON, FRANK
18310 SUNSET BLVD.
REDINGTON SHORES FL 33708

10. **Name and Address of New Registered Agent**
81 Name: Same
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] DATE 3/18/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDENT	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	CHRISTINE J. NORTON DVM		1 2 NAME	
STREET ADDRESS	175 E. 79 St.		1 3 STREET ADDRESS	
CITY-ST-ZIP	NYC NY 10021		1 4 CITY-ST-ZIP	
TITLE	V.P.	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	FERGUS NORTON		2 2 NAME	
STREET ADDRESS	18310 Sunset Blvd		2 3 STREET ADDRESS	
CITY-ST-ZIP	Redington Shores Fla 33708		2 4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	BRENDAN NORTON		3 2 NAME	
STREET ADDRESS	317 Whitaker Rd		3 3 STREET ADDRESS	
CITY-ST-ZIP	Lutz Fla 33549		3 4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	FAY B. NORTON MD		4 2 NAME	
STREET ADDRESS	18310 Sunset Blvd		4 3 STREET ADDRESS	
CITY-ST-ZIP	Redington Shores Fla 33708		4 4 CITY-ST-ZIP	
TITLE	Director	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME	FRANK NORTON		5 2 NAME	800001841278 -05/28/96--01045--042 ***200.00
STREET ADDRESS	18310 Sunset Blvd		5 3 STREET ADDRESS	
CITY-ST-ZIP	Redington Shores Fla 33708		5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 3/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PS 5-1-96

CR2E034 (12/95)