

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 # **P95000045993 (9)**

1. Corporation Name

FLORIDA BIOZYME INTERNATIONAL, INC.



Principal Place of Business

**1717 N FLAGLER DR
SUITE 3
WEST PALM BEACH FL 33407**

Mailing Address

**1717 N FLAGLER DR
SUITE 3
WEST PALM BEACH FL 33407**

2. Principal Place of Business

21 **321 EAST 15TH STREET**

Suite, Apt. #, etc.

22 **SECOND FLOOR**

City & State

23 **W PALM BCH, FL 33401**

Zip

Country

24 **33401**

25 **USA**

2a. Mailing Address

26 **321 EAST 15TH STREET**

Suite, Apt. #, etc.

27 **SECOND FLOOR**

City & State

28 **W PALM BCH, FL 33401**

Zip

Country

29 **33401**

30 **USA**

3. Date Incorporated or Qualified

06/14/1995

3a. Date of Last Report

4. FEI Number

☒ 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

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

ROBERT LINDELOF

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

321 EAST 15TH STREET

83

SECOND FLOOR

84 City

W. PALM BCH, FL

FL

85 Zip Code

33401

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

ROBERT LINDELOF

01/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
MCKINNON, THOMAS**
STREET ADDRESS **1717 N FLAGLER DR**
CITY-STATE-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ DELETE

NAME **V
LINDELOF, ROBERT**
STREET ADDRESS **1717 N FLAGLER DR**
CITY-STATE-ZIP **WEST PALM BEACH FL 33407**

TITLE ☒ DELETE

NAME **ST
CARSON, WILLIAM**
STREET ADDRESS **1717 N FLAGLER DR**
CITY-STATE-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **MCKINNON, THOMAS - PRES.** ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
**321 EAST 15TH STREET
W. PALM BCH, FL 33401**

2. TITLE **VICE PRESIDENT** ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
**LINDELOF, ROBERT
WEST PALM BCH, FL 33401**

3. TITLE **REMOVE WILLIAM CARSON** ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 in unchanged, or on an attachment with an address.

SIGNATURE:

ROBERT LINDELOF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/96

DATE

800 320 0302

Display Phone #

CR2E034 (12/95)