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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000082269 (8) CYGENE, INC.

:Principal Place of Business

1310 NORTH 64TH AVENUE HOLLYWOOD FL 33024

Mailing Address

1310 NORTH 64TH AVENUE HOLLYWOOD FL 33024-5903

## **FILED** Feb 10 1997 8:00am Secretary of State



						Date Incorporated or Qualified     10/25/1995	3a. Date of Last Report 10/07/1996		
	Place of Business	<u>}</u> }	2a. Mailing Address				4. FET Number Applied For 65-0679377 Not Applicable		
Suite, Apt	#. etc.	26 Suite						regional and the second	ot Applicable Additional
22		27				5. Certificate of Status Desired	П ,	Fee Ro	
City & Stat	6	City	& State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	eri			8. This corporation has liability for intangible tax under s. 199.032, Frorida Statutos Yes No			
24	25] 9, Name and Address of Curre	29 nt Registered		10		Florida Statutos  10. Name and Address of New Re			
em.	LMAN, L VAN ESQ	iii negratered	Ayent	81	Name	10. Name and Address of New He	gistered Ag		
301 YAMATO RD #1200									
	CA RATON FL 33431		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)			
				83			<del></del>		
1				84			т	مرا کی	
				64	City		FL	85 Zip	Code
agent. I a	to the provisions of Sections 607.05 registered agent or both, in the Statum familiar with, and accept the oblig	02 and 607.15 e of Florida Su jations of, Sec	08, Florida Statutes uch change was au tron 607.0505, Flori	s, the abovillhorized b ida Statute	ve-named co by the corpor es.	rporation submits this statement for the parties acceptation's board of directors. I hereby accept	urpose of ch of the appoin	nanging i Iment as	ts registered registered
SIGNATURE	Signature, typod or printed name of registered a:	est as dittle if appli	cable (NOTE:	Heg stered Ac	pert signature rec	uired wher reinstating)	DAT!		
12.	OFFICERS AN	ID DIRECTOR		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DAMBERO CILIOT		L] DELETE	1 1 11111			L	Change	Addition
NAME	RAMBERG, ELLIOT 1310 NORTH 64TH AVENUE			1.2 NAME					
STREET ADDRESS	HOLLYWOOD FL 33024			1	T ADDIFFSS				
CITY-ST-ZIP	D 1002.11700D 12 00024		DELETE	.1.4 CITY -	SI-ZIP			Change	Addition
TITLE	RAMBERG, CAROL		E.J DECENE	21 TIBLE 22 NAME			L	j Grangs	T3 Montion
STREET ADDRESS 1310 NORTH 64TH AVENUE				2.3 STREET ADDRESS					}
CITY-SI-ZIP	HOLLYWOOD FL 33024				-S1 - ZIP				
TITLE			DELETE	3.1 TITLE	31.21			Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	LADDRESS				
CITY-ST-ZIP				3.4. CITY	\$1-7IP				
TITLE			DELETE	4.1 THE				Change	Addition
NAME				4. 2 NAME	:				1
STREET ADDRESS				4.3 STREE	1 ADDRESS				
. CITY-S1-ZIP			T pour t	4.4 CITY-	ST-7IP		<del></del>	1	
TITLE			☐ DELFTÉ	5.1 TITUE			L	Change	L_i Addition
NAME				5.2 NAME					}
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			DELETE	5.4 CHY- 6.1 TITLE	S1 · 7IP		<del>_</del> _	Change	Add tion
NAME			_ Marie	6.2 NAME			<b>L</b>	, valuinge	
STREET ADDRESS					I ADDRESS				
- CITY-ST-ZIP				64 Cily -					
	by partify that the information supplies	and a state their falls	no door not avalify			od in Section 119.07/3\(i) Florida Statuta	a I further a		

Too necessive that the information supplied warrans using uses not quality for the exemption stated in Section 119.07(5)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is frue 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 frustee empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an actives.