

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).

APPROVED
AND
FILED

98 OCT 23 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P95000082269 (8)
1. Corporation Name
CYGENE, INC.

Principal Place of Business
1310 NORTH 64TH AVENUE
HOLLYWOOD FL 33024

Mailing Address
1310 NORTH 64TH AVENUE
HOLLYWOOD FL 33024

Please note address changes

2. Principal Place of Business	2a. Mailing Address
21 3700 N.W. 31 PLACE	26 3700 N.W. 31 PLACE
22 Suite/Apt. #, etc. B-300	27 Suite/Apt. #, etc. B-300
23 City & State GAINESVILLE, FLORIDA	28 City & State GAINESVILLE, FLORIDA
24 Zip 32606	29 Zip 32606
25 Country ALACHUA	30 Country ALACHUA

3. Date Incorporated or Qualified 10/25/1995	4. FEI Number 65-0679377
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHILLMAN, L VAN ESQ
301 YAMATO RD #1200
BOCA RATON FL 33431

Registered Agent
changed 7/31/98

10. Name and Address of New Registered Agent

81 Name MUNZER, MARTIN
82 Street Address (P.O. Box Number is Not Acceptable) 3700 N.W. 91 ST STREET
83 SUITE B-300
84 City GAINESVILLE
85 FL
Zip Code 32606

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 MARTIN MUNZER 10-21-98
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 D	NAME RAMBERG, ELLIOT	<input type="checkbox"/> DELETE
STREET ADDRESS 1310 NORTH 64TH AVENUE		
CITY-ST-ZIP HOLLYWOOD FL 33024		
TITLE D	NAME RAMBERG, CAROL	<input type="checkbox"/> DELETE
STREET ADDRESS 1310 NORTH 64TH AVENUE		
CITY-ST-ZIP HOLLYWOOD FL 33024		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	NAME RAMBERG, ELLIOT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS 3700 N.W. 91 ST STREET # B-300		
1.4 CITY-ST-ZIP GAINESVILLE, FL 32606		
2.1 TITLE D	NAME RAMBERG, CAROL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS 3700 N.W. 91 ST STREET # B-300		
2.4 CITY-ST-ZIP GAINESVILLE, FL 32606		
3.1 TITLE D	NAME MUNZER, MARTIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS 3700 N.W. 91 ST STREET # B-300		
3.4 CITY-ST-ZIP GAINESVILLE, FL 32606		
4.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARTIN MUNZER 10-21-98 352-336-8812

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CR2E034 (5/98)