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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Şandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094626 (5)

DERMA	A-TEK INDUSTRIES, INC.] [[]]] []]]
Principal Plac	e of Business	Mailing Address			e ibili bibib sirib ilbio sili 1801
340 CENTER CT VENICE FL 34292 US		340 CENTER CT VENICE FL 34292 US		DO NOT WRITE IN TI	HIS SPACE
				3. Date incorporated or Qualified	
2. Principal P	Place of Businoss	2a. Mailing Address		12/11/1995 4. FEI Number	Applied For
21	iddy di Badiilobo	26		65-0623809	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	е	City & State	·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Z lp 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
<u> </u>	9, Name and Address of Curre		130]	10. Name and Address of New Register	
SU VE	0 CENTER CT ITE 258 NICE FL 34292 to the provisions of Sections 607.05 egistered agent, or both, in the Stat	o02 and 607, 1508, Florida Statu te of Florida Such change was	83 S4 City 1	JENICE corporation submits this statement for the purpos oration's board of directors. I hereby accept the	FL 85 Zip Code 2 se of changing its registered appointment as registered
SIGNATURE	Signature, lyped or printed name of registered as	m	TE: Registered Agent signature r	an 27	1998
12.	,	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DPT	☐ DELETE	1.1 TITLE	DVS V V A	Change Addition
NAME STREET ADDRESS	MARCUM, H D 222 MARTINIQUE		1.2 NAME 1.3 STREET ADDRESS	DYE, KENNETZ R 4283 WORDS W VENTLE, FI 3	owth WAY
CITY-ST-ZIP	NORTH PORT FL 34287		1.4 CITY-ST-ZIP	Jaure Fl 3	4293
TITLE	DVS	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DYE, KENNETH R		22 NAMÉ		•
STREET ADDRESS	1064 HOPE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292	☐ DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE NAME		☐ ntft.jt	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T priete	4.4 CITY - ST - ZIP		Change I Addition
TITLE		☐ DELÉTE	5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		···

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,

6.3 STREET ADDRESS

STREET ADDRESS

941 442 6966

FILED

May 01 1998 8:00am

Secretary of State