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

PROFIT CORPORATION **ÁNNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90020 014 ***158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000008191

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

BIO SERV GROUP, INC.

010 0211									
Principal Place	of Business	Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1671 W 38TH P	L #1406	1671 W 38TH PL #1406						٠.	
HIALEAH FL 330	012	HIALEAH FL 33012	EAH FL 33012			DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed	,		
						01/25/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26			65-0640740			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1	\$8.75 Ad		
22		27				3. Certificate of Calado Bosilio	<u>'</u>	Fee Req	<u> </u>
City & State	9	City & State				6. Election Campaign Financing	}	\$5.00 N	
23		28				Trust Fund Contribution	<u> </u>	Added to	rees
Zip	Country	Zip	Cour	ıtгу		8. This corporation owes the current			□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Regi			
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Nogi	310100		
SER	ASTIAN, BRIDGETTE						:		
1671 W 38TH PL #1406			[82 Street Address (P.O. Box Number is Not Acceptable)					
	EAH FL 33012		}	83	- -			<u> </u>	\$1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
11111						· · · · · · · · · · · · · · · · · · ·	$s = \frac{V_{i'}}{s}$		
			Ī	84	City		FL	85 Zip C	ode
office or n agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Fiorida. Such change was a gations of, Section 607.0505, Flo	orida Statu	ites.	he corporation	ration submits this statement for the pur i's board of directors. I hereby accept th	e appoir	ntment as reg	istered
	Signature, typed or printed name of registered as	AND DIRECTORS	13.	- your	agnature required	ADDITIONS/CHANGES TO OFFIC	ERS AN	ID DIRECTOR	RS IN 12
12.	D	DELETE	1.1 TIT	LE		10 A : 11 A		☐ Change	☐ Addition
NAME	WALDEMAR, BRIDGETTE		1.2 NA	ME					
STREET ADDRESS	1671 W 38TH PL #1406		1.3 STI	REET /	ADDRESS				
	HIALEAH FL		1.4 CIT		l				
CITY-ST-ZIP	D	☐ DELETE		2.1 TITLE				Change	☐ Addition
NAME	WALDEMAR, CRAIG		2.2 NA	ME					
STREET ADDRESS	1671 W 38TH PL #1405		2.3 ST	REET	ADDRESS			•	,
CITY-ST-ZIP	HIALEAH FL 33012		2. 4 CI	TY-ST	-ZIP				
TITLE		☐ DELETE	3.1 TIT	LE				☐ Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET	ADDRESS	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	v	1 - gr 1.	9 (Mg/
CITY-ST-ZIP			3.4. CI	TY-ST	-ZIP	3	<u> </u>		11.00
TITLE		☐ DELETE	4.1 TIT	ΠE				Change ·	Addition
NAME			4. 2 N	AME			,		
STREET ADDRESS			4.3 ST	REET	ADDRESS			·	
CITY-ST-ZIP			4.4 CF	ry-st	-ZiP				- Addisia
TITLE		☐ DELETE	5.1 TIT			•		☐ Change	☐ Addition
NAME			5.2 NA			·			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST	-ZIP	<u> </u>		Change	☐ Addition
TITLE		☐ DÉLETE	6.1 TI					☐ Change	
NAME			6.2 NA						
CTREET ADDRESS	i		6.3 ST	REET.	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 reports 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 received 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 with six other like empowered.

URED

NG OFFICER OR DIRECTOR