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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000009434 (7)

1. Corporation Name

BIO SMART INCORPORATED



Principal Place of Business

283 N. NORTH LAKE BOULEVARD
SUITE 111
ALTAMONTE SPRINGS FL 32701

Mailing Address

283 N. NORTH LAKE BOULEVARD
SUITE 111
ALTAMONTE SPRINGS FL 32701-3437

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

MILLRINE, WILLIAM P.

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

283 N NORTH LAKE BOULEVARD,

83

SUITE 111

84 City

ALTAMONTE SPRINGS FL

85

Zip Code
32701

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

W.P. MILLRINE W.P. MILLRINE DIRECTOR

4/15/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR
NAME MILLRINE, WILLIAM P.
STREET ADDRESS 283 N. LAKE BLVD, SUITE 111,
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE DIRECTOR
NAME HEALY, JAMES J.
STREET ADDRESS MILLKUSS, NORTH WITTEN,
CITY-ST-ZIP SOMERSET BAU 4AG, ENGLAND

TITLE DIRECTOR
NAME BURNEY, FRANCIS M.
STREET ADDRESS 537 ONE CENTRE BLVD
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: W.P. MILLRINE W.P. MILLRINE DIRECTOR 4/15/97 328858

CR2E034 (9/96)