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FILED

Apr 21 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 # P96000016590 (7)

1. Corporation Name

SACIENTIFIC REPRESENTATIVES, INC.

Principal Place of Business

3350 WEST HILLSBOROUGH AVE.  
NO. 1114  
TAMPA FL 33614

Mailing Address

3350 WEST HILLSBOROUGH AVE.  
NO. 1114  
TAMPA FL 33614-5883

3. Date Incorporated or Qualified

02/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 11593 NW 43rd CT  
Suite, Apt. #, etc.

2a. Mailing Address

26 11593 NW 43rd CT  
Suite, Apt. #, etc.

4. FEI Number

65-0743891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

City & State

23 Coral Springs FL  
Zip

City & State

28 Coral Springs FL  
Zip

24 33065

25 Bonard

29 33065

30 Bonard

9. Name and Address of Current Registered Agent

CAMPDONICO, HUGO E  
3350 WEST HILLSBOROUGH AVE.  
NO. 1114  
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name CAMPDONICO, HUGO E  
82 Street Address (P.O. Box Number is Not Acceptable)  
11593 NW 43rd CT  
83  
84 City CORAL SPRINGS FL 85 Zip Code 33065

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, 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

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

(NOTE: Registered Agent signature required when reinstating)

4/14/97

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CAMPDONICO, HUGO E  
3350 WEST HILLSBOROUGH AVE. NO. 1114  
TAMPA FL 33614

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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NAME  
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CITY-ST-ZIP

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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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 person 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: \_\_\_\_\_

4/14/97

CR2E034 (9/96)