

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000041471 (9)**

1. Corporation Name
BIO TECH INDUSTRIES CORPORATION



Principal Place of Business 9166 WEST ATLANTIC BOULEVARD, UNIT 1623 CORAL SPRINGS FL 33071	Mailing Address 9166 WEST ATLANTIC BOULEVARD, UNIT 1623 CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/15/1996	3a. Date of Last Report
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2. Principal Place of Business 21 11526 NW 5TH ST. Suite, Apt. #, etc.	2a. Mailing Address 26 11526 NW 5TH ST. Suite, Apt. #, etc.	FEI Number # 05 066 5029	Applied For Not Applicable
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22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 CORAL SPRINGS, FL City & State	28 CORAL SPRINGS, FL City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24 33071 Zip	25 BROWARD County	29 33071 Zip	30 BROWARD County	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
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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
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AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name ROBERT HAUPTMAN
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	82 Street Address (P.O. Box number is not acceptable) 11526 NW 5TH ST.
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	83	84 City CORAL SPRINGS	85 Zip Code FL 33071
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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 ROBERT HAUPTMAN	(NOTE: Registered Agent's signature required when installing)	DATE 9-10-97
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12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE PSTD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAUPTMAN, ROBERT M		1.2 NAME
STREET ADDRESS 9166 WEST ATLANTIC BOULEVARD, UNIT 1623		1.3 STREET ADDRESS
CITY-ST-ZIP CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP

TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP

TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP

TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP

TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP

TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	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 ROBERT HAUPTMAN	DATE 9-10-97
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CR2E034 (4/97)