

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

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May 07 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 # **P96000079024 (1)**

1. Corporation Name
MICRO BIOLOGICALS, INC.



Principal Place of Business 610 LERNER & PEARCE, P.A. 2000 EAST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306	Mailing Address 610 LERNER & PEARCE, P.A. 2000 EAST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306-1814
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2. Principal Place of Business 21 5231 PINE TREE RD. Suite, Apt. #, etc. _____ 22 _____ City & State 23 CORAL SPRINGS, FL Zip _____ Country _____ 24 33067 25 _____		2a. Mailing Address 26 5231 PINE TREE RD. Suite, Apt. #, etc. _____ 27 _____ City & State 28 CORAL SPRINGS, FL Zip _____ Country _____ 29 33067 30 _____		3. Date Incorporated or Qualified 09/23/1996	3a. Date of Last Report N/A
		4. FEI Number 65-0700837		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LERNER, ALLAN M ESQ 2888 EAST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306		10. Name and Address of New Registered Agent 81 Name _____ 82 Street Address (P.O. Box Number is Not Acceptable) _____ 83 _____ 84 City _____ FL 85 Zip Code _____	
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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 _____
Signature: type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/D EDWARD W. STILLMAN
STREET ADDRESS		1.3 STREET ADDRESS	5850 CAMINO DEL SOL #307
CITY - ST - ZIP		1.4 CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	S/D BARRY R. KLEIN
STREET ADDRESS		2.3 STREET ADDRESS	5231 PINE TREE RD.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	CORAL SPRINGS, FL 33067
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: **Edward W. Stillman** **EDWARD W. STILLMAN PRES. 4/28/97(Sd) 89-384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)