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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082035 (2)

ISOGENIC SAMPLES, INC.

FILED May 20 1998 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Address						<u> </u>		il(8)		
Principal Place	of Business MITRAIL 1791 Oak Laked	Malling Add	IFOSS	1791 A	L	Lekes Dr.				
SUITE 8	MITHATE / 197 Dave Dunie	- 8-00-8 - 8-0118-9	SARASOTA FL-84298 34232				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
	91230_34232	SARASOTA US								
US		US					10/03/1996		į	
2. Principal Pla	ace of Business	2a. Mailing /	Address				4. FEI Number	17	Applied For	
21		26	 				65-0697878		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		27					v. Commodic or Stands Boomed		Required	
City & State		<u> </u>	City & State				6. Election Campaign Financing		O May Be	
23	Country	28	* **	Coun	++		Trust Fund Contribution		d to Fees	
Zip	Country	Zip		30	uy		This corporation owes or has paid the cur Personal Property Tax due June 30.		Intarigible ☐ No	
24	9. Name and Address of Curre		ent	1301			10. Name and Address of New Registered			
VILL	G. CLIFFORD M				81	Name				
	O SECOND STREET STE 855				82	Ct-sat Address	- (D.O. Doy Number is Not Assentable)			
	NASOTA FL 34236				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
SAI	MOUTA IL 01200			1	83					
				ļ.	84	City		85 Zi	p Code	
				1		·	FL			
11. Pursuant te	the provisions of Sections 607.05	02 and 607.1508,	Florida Statut	tes, the ab	ove	-named corpo	oration submits this statement for the purpose of	changing	its registered	
office or re agent. I an	egistered agent, or both, in the Stat In f am iliar with, and accept the obli	e or Horida, Such i gations of, Section	607,0505, Fig	orida Statu	iles	trie corporatio	on's board of directors. I hereby accept the app	On the local to	as registored	
SIGNATURE			4107	15.0		nt signature required	d when reinstaling) DATE			
12,	Signature, typed or pointed name of registered as OFFICERS At	ON DIRECTORS	(NO)	13.	Agei	m signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	
TITLE	PVPT		DELETE	1.1 Tite	.E		7,0011101101101111111111111111111111111	Change		
NAME	SVENSON, INGER			1.2 NAM	ME					
STREET ADDRESS	1791 OAK LAKES DRIVE			1.3 STR	REET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL			1.4 CIT	Y-\$1	r-ZIP	_			
TITLE			DELETE	2.1 1110	LE			Change	e 🔲 Addition	
NAME				2.2 NAM	ME				ĺ	
STREET ADDRESS				2.3 STR	REE1.	ADDRESS			ĺ	
CITY-ST-ZIP				2. 4 CIT	IY-S	T-ZIP				
TITLE		Ε	DELETE	3.1 T(T)	l.E			Change	e 🔲 Addition	
NAME				3.2 NAM	ME					
STREET ADDRESS				3.3 STA	REET	ADDRESS			1	
CITY-ST-ZIP	<u>-</u>	,	T offers	3.4. CIT	_	T-ZIP		T T Character	. Cadillan	
TITLE		L	DELETE	4.1 TITL				Change	e LAddition	
NAME				4. 2 NA						
STREET ADDRESS					-	ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	DËLETE	4.4 CIT		T - ZiP		Chang	e	
TITLE		L	_ וענונונ	5.1 TITE				L. Vilaily		
NAME				5.2 NAM		*DD0000				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	5.4 C(T) 6.1 T)T(_	1- ZIP		Chang	e Addition	
TITLE		L	PERCIL	6.1 III				y		
NAME OTDEET ADDRESS						ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP	artify that the information supplied	with this films does	s not qualify f	6.4 CIT			Section 119.07(3)(i), Florida Statutes, I further or	rtify that t	he information	

indicated on this annual report or supplied will this ming does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further letter that it am an officer or director of the corporation or the ydeiver 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 advachment with an address.

The ex. Cuen San 4/3/198 (QV) 362-3.2.3.1