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May 01 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 # P96000082142 (6)

1. Corporation Name:
LEGENOS, INC.

Principal Place of Business:

5344-87 MONTEREY CIRCLE
DELRAY BEACH FL 33484

Mailing Address:

5344-87 MONTEREY CIRCLE
DELRAY BEACH FL 33484-8377



2. Principal Place of Business:

21 100 N.W. 28TH ST.

Suite, Apt. #, etc.

22 B-3

City & State

23 BOCA RATON, FL.

Zip

24 33431

Country

25 USA

2a. Mailing Address:

26 P.O. BOX 4001

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON, FL.

Zip

29 33429

Country

30 USA.

8. Name and Address of Current Registered Agent

SPRINKLE, PHILIP M II
777 SOUTH FLAGLER DRIVE STE 900 EAST
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

10/04/1996

3a. Date of Last Report

4. FEI Number

65-0730337

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

10. Name and Address of New Registered Agent

81 Name

PETER A. HICKEY

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

100 N.W. 180 28TH ST B-3

83

84 City

BOCA RATON

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 607.002 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 provisions of, Section 607.0905, Florida Statutes.

SIGNATURE

Peter A. Hickey

PETER A. HICKEY, V.P.

4/25/97

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
LEGENOS, TRACY
5344-87 MONTEREY CIRCLE
DELRAY BEACH FL 33484

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

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 supplementary 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 as an attachment with an address.

SIGNATURE

CR2E034 (9/96)