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

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # **P96000086658 (7)**

1. Corporation Name
GLOBAL BIOMEDICAL, INC.

Principal Place of Business
110 N ARMENIA AVE STE B
TAMPA FL 33609

Mailing Address
110 N ARMENIA AVE STE B
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/18/1996

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-3408712
☐ Applied For
☐ Not Applicable

Suite, Apt #, etc.
22

Suite, Apt #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25

Zip 29 Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OGUNTEBI, BAMIDURO R
110 N ARMENIA AVE STE B
TAMPA FL 33609

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

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PG	☐ DELETE
NAME	OGUNTEBI, BAMIDURO	
STREET ADDRESS	170 N. ARMENIA AVE., STE. B	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☐ DELETE
NAME	ALABI, TIMI	
STREET ADDRESS	26 OTEOMI ST.	
CITY-ST-ZIP	MUSHIN LA	
TITLE	FM	☐ DELETE
NAME	OWI, NEWTON	
STREET ADDRESS	2000 W. AMERISECH CENTER DR.	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	D	☐ DELETE
NAME	AKINJIOLA, OLUTOIE OLUTOYE	
STREET ADDRESS	3111 S. OMAR AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	OGUNTEBI, FEHINTOLA	
STREET ADDRESS	109 N. ARMENIA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	OGUNTEBI	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	OLUTOYE	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: BAMIDURO OGUNTEBI PRESIDENT 4/28/98 813 254 0041