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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

P96000087064 (7)

BIOENERGETICS CONSULTING GROUP, INC.

Block 12 or Block 13 if changed, or on an attachment with an address

Principal Place of Business

Mailing Address

3269 GLENRIDGE COURT

3289 GLENRIDGE COURT

## **FILED** Apr 08 1998 8:00am Secretary of State



PALM HARBOR FL 34685 PALM HARBOR FL 34685 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1996 2. Principal Place of Business FEI Numbe Applied For 59-3403659 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. O Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EMANUELE, JOHN 3289 GLENRIDGE COURT 62 PALM HARBOR FL 34685 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bagent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. for the purpose of changing its registered (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. president TITLE DELETE 1.1 TITLE **EMANUELE. JOHN** NAME 1.2 NAME STREET ADDRESS 3289 GLENRIDGE COURT 1.3 STREET ADDRESS PALM HARBOR FL 34685 468S CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Similar Services Addition TITLE 5.1 TITLE -04/08/98--01079--024 NAME 5.2 NAME \*\*\*150.00 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60. Elevida Statutes and that my name appears in