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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000095006 1. Corporation Name

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90108 021 ***150.00

BIOVISIC	JN CURP.							- W-1				
Principal Place	e of Business		Mailing Address				- I (B40))	ien dikil konte outi) Masii ii	DIEM RESULTABLE
1814 NORTH "R" STREET LAKE WORTH FL 33460 1814 NORTH "R" STREET LAKE WORTH FL 33460												
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							3. Date Incorporated	for Qualified				
2. Principal Place of Business			2a. Mailing Address				11/18/1996 4, FEI Number Applied For					lied For
21			26			1	<u> </u>			Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additio				ditional		
			27				5, Certificate of State	is Desired		F	ee Re	uired
City & Etate			City & State			6. Election Campaig	n Financing				/lay Be	
23			28				Trust Fund Contri				ded to	Fees
Zîp	Cour	try	Zip	Cou	ntry		8. This corporation of		nt year Int	angible Ye:		∐No I
24	9. Name and Adc	ross of Curront	Pagistared Agent	30	1		Personal Property 10, Name and Addre		egistered			
	9. Name and Add	ress of Current	Registered Agent		81	Name	10, Name and Addition		9,000			
LAZZ	zara, justin r				li			h)) h				
1814 NORTH "R" STREET					82	Street Addre	ess (P.O. Bo) Number is	Not Accepta	DIE)			
LAKI	E WORTH FL 33460)			83							
					04	<u> </u>				85	Zip C	nde .
					84	City			FL	- 85	Zip C	ode .
office or n	enistered agent, or bo	th, in the State ci	and 607.1508, Florida State f Florida. Such change was ons of, Section 607.0505, F	authorized	i by th	named corporatio	oration submits this state in's board of directors. I	ement for the phereby accept	ourpose of tithe appoi	changi intment	ng its i as reç	egistered istered
SIGNATUFE	Signature, typed or printed na	ne of registered agent	and title if applicable. (NO	T E. Registered	Agent si	signature required	d when reinstating)		DATE	<u>-</u>		
12.		OFFICERS AND		13.			ADDITIONS/CHAN	IGES TO OFF	ICERS 4	ND DIR	ECTO	
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/	1017 11 11 01	i K.				DDRESS				∐ Ch	3-	
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14. I hereby certify that the information supplied with this ring 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. Supplemental, and a report is true and occurate 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 received of 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 attack men with an additional properties.

SIGNATURE:

FICEF OR DIRECTOR