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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Jun 04 1998 8:00am

Secretary of State

Secretary of State DIVISION OF COMPORATIONS

1998

CITY-ST-ZIP

DOCUMENT # P97000018699 (3)

BIOLINE FLORIDA, INC.

Principal Plac	ce of Business	Mailing Address	***************************************				ARBI ARIKA BIJA	# 1911 # 1911 198 1	
800 S FEDERAL HIGHWAY		800 S FEDERAL HIGHWAY							
STE C		STE C							
HOLLYWOOD FL \$3020-5438		HOLLYWOOD FL 33020-5438			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
9 Principal E	Plane of Business	2a. Mailing Address				02/24/1997			
2. Principal Place of Business		 			4. EEI-Number) 凵	Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc			-	65-0751999		Not Applicable	
22		27			(5, Certificate of Status Desired		5 Additional	
City & State		Cily & State				Fee Required			
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	7 ₁ p	Cour	ntry		8. This corporation owes or has paid the c	·		
24	25	29	30	•		Personal Property Tax due June 30.	Yes	No No	
	9. Name and Address of Curre		1			10. Name and Address of New Registered			
CE	RNOCH, WOLFGANG			81 Name	D				
80	0 \$ FEDERAL HIGHWAY		}	B2 Stree	t Addres	ss (P.O. Box Number is Not Acceptable)			
i \$1	TE O		1	00.66	LAUUID	es (r.o. box number is not Acceptable)			
l Ho	OLLYWOOD FL 33020-5438			B3				· · · · · · · · · · · · · · · · · · ·	
			-	84 City					
				B4 City		FI	85 Zi	ip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statul	tes, the ab	ove-name	d corpo	ration submits this statement for the nurness	of changing	its registered	
Office or i	regi ster ed agent, or both, in the Stat im fam iliar with, and accept the obli	e of Florida. Such change was i	authorized	by the co	rporatio	n's board of directors. I hereby accept the ap	pointment i	as registered	
SIGNATURE	,								
SIGNATURE	Signature, typed or printed name of registered as	pint and telle if applicable (NO?	E Registered	Agon(signatu	re required	when reinstating) DATE			
12.	OFFICERS AT	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO		
TITLE			1.1 1(1)	1.1 TITLE		rt WENTER. DIRECTOR S. PEDELAL HWY, Ste C	Ottonige	o Prominin	
NAME	!		1.2 NAI	ME .	Ba	s. Pederal Huy, Stell	•		
STREET ADDRESS			1.3 STR	EET ADDRESS	Hol	Lywood, FL 33020-5431	>		
CITY-ST-ZIP				r - ST - ZIP	17.	7,000	Change	e Addition	
TITLE		L DELETE	2.1 (1)				L) Criarigo	3 L. Audition	
NAME			2.2 NAI						
STREET ADDRESS				eet address					
CITY-ST-ZIP		D DC: TTE	2. 4 CITY-ST-ZIP				Chana	a Addition	
TITLE			3.1 111				Change	e L. Addition	
NAME			3.2 NA/						
STREET ADDRESS				eet address	1			:	
CITY-ST-ZIP		DELFTE		Y - S1 - ZIP			Change	e Addition	
TITLE		☐ Dect ic	4 1 111				C. Change	, L.J Addition	
NAME			4. 2 NA						
STREET ADDRESS				eet address					
CITY+ST-ZIP		T IVIETE		Y-ST-ZIP			Chang	e Addition	
TITLE		☐ DELETE	5.1 TITI				☐ Change	AUUUUUN E	
NAME			5.2 NAI						
STREET ADDRESS				eet address					
CITY-ST-ZIP		The str		Y-ST-ZIP			Chara	n Addition	
TITLE		DELETE	6.1117				L Change	e Addition	
NAME			6.2 NAI) " e.lU	
STREET ADDRESS	l		6.3 STF	EET ADDRESS	·	•		1 216	

6.4 CITY - ST - ZIP

14. 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 eport 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 of the receiver of justice 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 from an attack that my haddress. (001) 920-2721