

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



FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90002 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT **2000**



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

8/50

DOCUMENT # **P97000019971**

Corporation Name
BIO-PATH CLEANING SPECIALISTS, INC.



Place of Business Mailing Address
CHATHAM ST 8924 CHATHAM ST
FT MYERS FL 33907 FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

Principal Place of Business 901 S. TOWN + RIVER DR		2a. Mailing Address 901 S. TOWN + RIVER DR	3. Date Incorporated or Qualified 02/27/1997
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. FEI Number 65-0734481
City & State Ft. Myers FLA		27. City & State Ft. Myers, FLA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 33919	Country USA	28. Zip 33919	Country USA
25. USA		29. 33919	30. USA
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Applied For Not Applicable	

9. Name and Address of Current Registered Agent

GLENN, MICHAEL D
8924 CHATHAM ST
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
901 S. TOWN + RIVER DR
 83.
 84. City **Ft. Myers** FL 85. Zip Code **33919**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D GLENN, MICHAEL D 8924 CHATHAM ST FT MYERS FL 33907	<input type="checkbox"/> DELETE	13. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		12 NAME	
		13 STREET ADDRESS	901 S. TOWN + RIVER DR
		14 CITY-ST-ZIP	Ft. Myers, FLA 33919
		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 NAME	
	<input type="checkbox"/> DELETE	23 STREET ADDRESS	
		24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

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, on an attachment with an address, with all other like empowered.

SIGNATURE: PRES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2000 941-481-6319
 Date Daytime Phone #

CR2E034 (11/98)