

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90131 023 \*\*\*150.00

**DOCUMENT # P97000031643**

1. Corporation Name

**BIOLOK PARTNERS, INC.**

Principal Place of Business

**C/O NORMAN TAPLIN ESQ.  
515 N. FLAGLER DR., STE 1600  
WEST PALM BCH FL 33401**

Mailing Address

**C/O NORMAN TAPLIN ESQ.  
515 N. FLAGLER DR., STE 1600  
WEST PALM BCH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/08/1997**

4. FEI Number

**65-0748094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAPLIN, NORMAN E ESQ.  
STEPHENS, LYNN, KLEIN & MCNICHOLAS, P.A.  
515 N. FLAGLER DRIVE, SUITE 1600  
W. PALM BEACH FL 33401**

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 ☐ DELETE

NAME **D BARONOFF, PETER**  
STREET ADDRESS **1615 FORUM PLACE, SUITE 1-B**  
CITY-ST-ZIP **W. PALM BEACH FL 33401**

TITLE ☐ DELETE

NAME **D HOLLANDER, BRUCE L**  
STREET ADDRESS **10563 BOCA WOODS LANE**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☒ DELETE

NAME **D TAPLIN, NORMAN E**  
STREET ADDRESS **515 N. FLAGLER DRIVE, SUITE 1600**  
CITY-ST-ZIP **W. PALM BEACH FL 33401**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**D Baronoff, Peter**  
**929 Clint Moore Road**  
**Boca Raton, FL 33487**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**D Sadowsky, Carl**  
**192 Commodore Drive**  
**Jupiter, FL 33477**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**P Walter Martinez**  
**5205 Greenwood Avenue Suite 100**  
**WPB FL 33401**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**S Zuniga, Jose**  
**5205 Greenwood Avenue Suite 100**  
**West Palm Beach, FL 33401**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/99**

Date

Daytime Phone #

CR2E034 (1/98)