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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000032569 (0) DOCUMENT #

MAGELLAN BIOSCIENCE GROUP INC.

## **FILED** Apr 17 1998 8:00am Secretary of State



Principal Place of Business	Mailing	g Address				
4448 ASHMONT COURT 4448 ASHMONT COURT JACKSONVILLE FL 32258 JACKSONVILLE FL 32258			DO NOT WRI	TE IN THIS SPACE		
				<ol> <li>Date Incorporated or Qualified 04/10/1997</li> </ol>	1	
2. Principal Place of Business		illing Address		4. FEI Number	I IA	oplied For
21 205 S.W. 75		05 S.W.	75th St.	59-3464958		ot Applicable
Suite, Apt. #, etc.	27	ite, Apt. #. etc.		5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	Additional Required
City & State  23 Gainesville		y & State おいせらいけん	<b>e</b> -	Election Campaign Financing     Trust Fund Contribution	'	May Be to Fees
Zip _ Co	ountry Zip	رجم (	Country 30 32607	8. This corporation owes or has		ntangible No
	J607   29   ddress of Current Registere		30 32 50 7	Personal Property Tax due Jui  10. Name and Address of New I	<u> </u>	NO
CRONAN, JOHN M			B1 Name			·
4448 ASHMONT C			82 Street A	Todd R. Davidu	able)	
JACKSONVILLE FL			2 511001 7	Address (P.O. Box Number is Not Accept	aoie)	
			83	# 3×		
			84 City	7 3 ~	DE 7in	Code
				sainesville	FL  85 33	Code OF
11. Pursuant to the provisions of	Section 607.0502 and 607.1	508, Florida Statutes	s, the above-named o	corporation submits this statement for the	purpose of changing	its registered
Office of registered agent	accept the obligation of Se	clion 607.0505, Flor	ida Statules.	oration's board of directors. I hereby acc	ety the abbolitiment a	S 10glatored
agent. I am tamular wito anti						
SIGNATURE		·			2/16/98	
SIGNATURE Signature: typed or printed	I name of registered agent and trile if app		Registered Agent signature r		2/16/98  DATE	IDD IN 42
SIGNATURE Signature. Typod or printer	I name of registered agent and title if app OFFICERS AND DIRECTOR	RS	13.	ADDITIONS/CHANGES TO OFF		
SIGNATURE Signature: typed or printer  12.  TITLE D	OFFICERS AND DIRECTOR		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	X Change	
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SIGNATURE  Signature: typed or printed  12,  TITLE  NAME  DAVIAU, TOD  STREET ADDRESS  6427 KRIEL S  CITY-ST-ZIP  BALTIMORE	OFFICERS AND DIRECTOR  OR	RS DELETE	13. 1.1 TIFLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE	ADDITIONS/CHANGES TO OFF Director Todd R. Daviau 205 S.W. 75th St. Gainesville, FL 3 Occeptor	# 3× 2607	Addition
SIGNATURE  Signature, typed or printed  12.  TITLE  NAME  DAVIAU, TOD  STREET ADDRESS  G17-ST-2IP  BALTIMORE  TITLE	OFFICERS AND DIRECTOR  OR	RS DELETE	13. 1.1 TIFLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE	ADDITIONS/CHANGES TO OFF Director Todd R. Daviau 205 S.W. 75th St. Gainesville, FL 3 Occeptor	# 3× 2607	Addition
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