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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700062635 (2)

**SCIENTIFIC TRUTH CORPORATION** 

FILED Apr 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				T-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
I			CHUTE OF	SHITE OF		
1901 N ATLANTIC BLVD. SUITE 2F						
		TO ENDOCHMENT TO SOME			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
					07/21/1997	
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				65-0769270 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				SR 75 Additional
22		27			5. Certificate of Status Desired Fee Regulred	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country	<b>Z</b> ip	Cou	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered Agent
I.A	rry J. Behar, P.A.			81	Name	
888 SE THIRD AVE			ŀ	82 Street Addr		Micros (P.O. Poy Number in Not Acceptable)
SUITE 400				82 Street Address (P.O. Box Number is Not Acceptable)		
FT	LAUDERDALE FL 33316		ľ	83		
			-			
				84	City	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508. Florida Statu	ites, the at	OVE	-named co	expension authority this statement for the number of the statement for
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.		D DIRECTORS	13.		is alguatoro re-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TYTLE	D	DELETE	1.1 10	LE		☐ Change ☐ Addition
NAME	GRUBER, MANFRED		1.2 NA	MF		,
STREET ADDRESS 1901 N ATLANTIC BLVD, SUITE 2F				1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33305		1.4 CH			
TITLE		DELETE	2.1 1(1		- 24	Change Addition
NAME			2.2 NA			
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP			1			
TITLE		DELETE	2. 4 CI 3.1 TIT		1-211	☐ Change ☐ Addition
NAME		occur	3.2 NA		ŀ	till Grønige i Modition
STREET ADDRESS					ADDRESS	
					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CI 4.1 TIT		1-ZIP	☐ Change ☐ Addition
NAME						Li Grange Li Addition
			4. 2 NA			
STREET ADDRESS					ADORESS	
CITY-ST-ZIP		DELETE	44 CIT		- ZIP	
TITLE		☐ DELETE	5 1 TIT			Change Addition
NAME			5.2 NA			
STREET ADDRESS			5.3 ST	REET A	ADDRESS	
CITY-ST-ZIP			5.4 CIT		- ZIP	
TITLE		☐ DELETE	6.1 TIT	LE	1	☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 STF	AEET A	ADDRESS	

14. Thereby 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 suppliemental 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 trustoe 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.

6.4 CITY - ST - ZIP

SIGNATURE:

CR2E034 (10)