## 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

| 1. Corporat                                     | JMEN   # P970(<br>ENOMICS, INC.                | 00078963 (0                              | <b>)</b> )                            |   | 3388 1840 1848 AND |
|---|--|--|---------------------------------------|---|--|
| Principal Pla                                   | ace of Business                                | Mailing Address                          |                                       | I TORUMEN HID LANIN HALIL ABVIN ABVIN ADVIN ACKUI           | LANDI INDIO LONE DILLO IVII INDI                       |
| 4091 BASSWOOD DRIVE<br>SARASOTA FL 34232        |  | 4091 BASSWOOD DRIVE<br>SARASOTA FL 34232 |                                       | DO NOT WRITE IN TH  | IS SPACE   |
|   |  |  |                                       | 3. Date Incorporated or Qualified                           |  |
| 2. Principal                                    | Place of Business                              | 2a. Mailing Address                      |                                       | <b>09/11/1997 4.</b> FEI Number                             | Applied For  |
| 21  |  | 26                                       |                                       | 65-0790360  | Not Applicable   |
| Suite, Ap                                       | t. #, etc.                                     | Suite, Apt. #, etc.                      |                                       | 5. Certificate of Status Desired                            | \$8.75 Additional Fee Required                         |
| City & St                                       | ate  | City & State                             |                                       | Election Campaign Financing     Trust Fund Contribution     | \$5.00 May Be<br>Added to Fees                         |
| Zip   | Country  | Zip                                      | Country                               | 8. This corporation owes or has paid the                    |  |
| 24  | 25   | 29                                       | 30                                    | Personal Property Tax due June 30.                          | ☐ Yes 🔀 No   |
| 9. Name and Address of Current Registered Agent |  |  |                                       | 10. Name and Address of New Registers                       | ed Agent   |
| S   | HEA, JOHN JR                                   |  | 81 Name                               | 1 - 12  | $\Box$   |
| 630 S ORANGE AVE                                |  |  | 82 Street Add                         | dress (P.O. Box Number is Not Acceptable)                   |  |
| SARASOTA FL 34238                               |  |  | <u> </u>                              | D91 13055W000   | Do   |
| 83  |  |  | 83                                    |   | · · · · · · · · · · · · · · · · · ·                    |
|   |  |  | 84 City                               | - J . E   | L 85 Zip Code  |
| 11 Pursuar                                      | of to the provisions of Sections 607 (         | 0502 and 607 1508. Florida Sta           | tutes the above-named cor             | poration submits this statement for the purpose             |  |
| office or                                       | r registered agent, or both, in the St         | ale of lorida. Such change wa            | as authorized by the corpora          | ation's board of directors. I hereby accept the a           | appointment as registered                              |
| SIGNATURE                                       |  | m mi                                     | CHIMEC M                              | KATIVU MACS   | 18R11 9 98   |
| 10  | Signature, typod or printed name of registered | agrint and title if applicable (I        | NOTE: Registered Agent signature requ | ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | <u> </u>   |
| 12.   | D  | DELETE                                   | 13.                                   | RES   | Change Addition  |
| NAME  | KAHN, MICHAEL,F                                |  | 12 NAME                               | CALL Michael A  | ga shange nounter                                      |
| STREET ADDRESS                                  |  |  | 1.3 STREET ADDRESS                    | DOI BASSWOOD DE   |  |
| CITY-ST-ZIP                                     | SARASOTA FL 34232                              |  |                                       | GESSTA FL 34232   |  |
| TITLE   | D  | DELETE                                   | 2.1 TITLE                             | SARSOLH I E STESS   | ☐ Change ☐ Addition                                    |
| NAME  | KAHN, KATHLEEN D                               |  | 2.2 NAME                              |   |  |
| STREET ADDRESS                                  |  |  | 2.3 STREET ADDRESS                    |   |  |
| CITY-SI-ZIP                                     | SARASOTA FL 34232                              |  | 2.4 CITY-ST-ZIP                       |   |  |
| TITLE   |  | DELETE                                   | 3.1 TITLE                             |   | ☐ Change ☐ Addition                                    |
| NAME  |  |  | 3.2 NAME                              |   |  |
| STREET ADDRESS                                  | s  |  | 3.3 STREET ADDRESS                    |   |  |
| CITY-ST-ZIP                                     |  |  | 3.4. CITY - ST - ZIP                  |   |  |
| TITLE   |  | ☐ DELETE                                 | 4.1 TITLE                             |   | ☐ Change ☐ Addition                                    |
| NAME  | 1  |  | 4. 2 NAME                             |   |  |
| STREET ADDRESS                                  | 6  |  | 4.3 STREET ADDRESS                    |   |  |
| CITY - ST - ZIP                                 |  |  | 4.4 CITY-ST-ZIP                       |   |  |
| TITLE   |  | ☐ DELETE                                 | 5.1 TIYLE                             |   | Change Addition  |
| NAME  | 1  |  | 5.2 NAME                              |   | !  |

6.4 CITY-ST-ZIP 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.

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE: 4

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

MICHISEC D KIGHN

DELETE

Change

☐ Addition

**FILED** 

Apr 21 1998 8:00am

Secretary of State