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 # P97000082626 (7)

ABC BIOTECH CORP.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		J IBSUAR! IID IDIU IBBU BRIII DRIII BAIII	ABIBL IBICA LIBIN AILIN LIBIA ALIS 1981
235 CAMELOT DRIVE	235 CAMELOT DRIVE			
TAVERNIER FL 33070	TAVERNIER FL 33070		DO NOT WRITE IN	THIS SPACE
			3. Date Incorporated or Qualified	
			09/24/1997	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 101425 overseas Hwy		vscas Hwy	65-0784669	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
22 # 4\'+	27 # 817			Fee Required
City & State	City & State	=1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	28 Yey 101901	Country	8. This corporation owes or has paid th	
24 33037 25 MONTOE	. ⊢ anaari. ⊢	Donroe O	Personal Property Tax due June 30.	Yes No
g. Name and Address of Curre			10. Name and Address of New Regist	
SHAW, JONATHAN 81 Name Tonathan Shaw				
235 CAMELOT DRIVE		82 Street Ac	idress (P.Q. Box Number is Not Acceptable)	
TAVERNIER FL 33070		2	35 Camelot Drive	
		83		
		84 City		85 Zip Code
			avernur	FL 33070
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named co	orporation submits this statement for the purporation's board of directors. I because according	ose of changing its registered
agent. I am I mit ar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes.	ration's board of directors. I hereby accept the	C appointment as registored
SIGNATURE A			1-6	7-48
Significal typed or printed name of registered a	gent and title if applicable (NOTE: ND DIRECTORS	Registered Ager4 signature re-		ATE DIDECTORS IN A
12. OFFICERS AI	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Z Addition
NAME			ionathan Shaw	
STREET ADDRESS		1.3 STREET ADDRESS 2	135 Camelof Dr	
CITY-ST-ZIP			averner, FL 33040	
TITLE	DELETE	2.1 TITLE	WWW. 41 / 1 / 3 / 5 / 1 / 1	Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST- ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CiTY-ST-7IP		
TITLE	L_ DELETE	41 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
FITLE	☐ DELETE	5.1 T(TLE		Change Addition
NAME		5.2 NAMŁ		
STREET ADDRESS		5.3 STHEET ADDRESS		
CITY-ST-ZIP	Delete	5.4 CITY-ST-7IP		Channe Target
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City-St-ZiP 14 December certify that the information supplied	with this films does not qualify for	64 CITY-S1-ZIP	in Section 119 07(3)(i) Florida Statutes Literal	or certify that the information

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 supplemental finnual 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 in 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 or an attachment with an address.

SIGNATURE:

1-6-99

(305) 853-079