

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

FILED
Jun 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PA7000100853**
1. Corporation Name
Intracell Technologies, Inc.

Principal Place of Business 333 W. Camino Gardens Blvd Ste 203 Boca Raton, FL 33432 U.S.	Mailing Address 333 W. Camino Gardens Blvd Ste 203 Boca Raton, FL 33432 U.S.
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0799406	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Ken Minerley
980 N. Federal Hwy
Ste 205
Boca Raton, FL 33432**

81 Name Ken Minerley
82 Street Address (P.O. Box Number is Not Acceptable) 980 N. Federal Hwy
83 Suite Suite 205
84 City Boca Raton
85 State FL
86 Zip Code 33432

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 **X** 
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Pet Belcher		1.2 NAME	
STREET ADDRESS 140 Interstate N Pkwy East Ste 424		1.3 STREET ADDRESS	
CITY-ST-ZIP Atlanta, GA 30339		1.4 CITY-ST-ZIP	
TITLE TS	<input type="checkbox"/> DELETE	2.1 TITLE TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Warren V. Blesland Jr.		2.2 NAME	
STREET ADDRESS 2667 N Ocean Blvd		2.3 STREET ADDRESS	
CITY-ST-ZIP Boca Raton, FL 33431		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Keith Rhodes		3.2 NAME	
STREET ADDRESS 30 Marie Pkwy		3.3 STREET ADDRESS	
CITY-ST-ZIP Londonville, NY 12211		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 19.07(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.

SIGNATURE: **X** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98
Date

561 447-7327
Daytime Phone #

CR2E034 (10/97)