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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800055062

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90115 038 ***150.00

1. Gorporation	TRN BIOMEDICAL, INC.	0055062		
Principal Place	e of Business	Mailing Address		T (BB)(BB) in IB) in i bin bin
18214 KEYSTONE GROVE ODESSA FL 33556 18214 KEYSTONE GROVE ODESSA FL 33556				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 06/19/1998
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number Applied For
21		26		59-3519230 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State		City & State		
City & State	5	28		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes □ No
	9. Name and Address of Currer			10. Name and Address of New Registered Agent
			81 Name	e
GALLO, MICHAEL S 18214 KEYSTONE GROVE			82 Stree	et Address (P.O. Box Number is Not Acceptable)
ODE	SSA FL 33556		83	
			84 City	FL 85 Zip Code
agent. I ai SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	ations of, Section 607.0505, Flori	ida Statutes.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	P/7 ☐ Change · ☐ Addition
NAME	GALLO, MICHAEL S			
STREET ADDRESS	18214 KEYSTONE GROVE		1.2 NAME	
CITY-ST-ZIP			1.3 STREET ADDRESS	
TITLE	ODESSA FL 33556		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	s
TITLE	OUESSA FL 33556	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	
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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—with all other like empowered.

SIGNATURE:

SNATURE AND TYPED DEPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/98 Date 888-819-4080 Dayuma Phone # RZE034 (11/98)