

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S20562 (2)**  
 1. Corporation Name  
**AUTHORGENICS, INC.**



<b>Principal Place of Business</b> 8000 GOVERNORS SQUARE BLVD. SUITE 206 MIAMI FL 33016-6201 US	<b>Mailing Address</b> 8000 GOVERNORS SQUARE BLVD. SUITE 206 MIAMI FL 33016-6201 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 8100 Governors Square Blvd Suite, Apt. #, etc. 22 Suite 200 City & State 23 Miami Lakes, FL Zip 24 33016		<b>2a. Mailing Address</b> 25 8100 Governors Square Blvd Suite, Apt. #, etc. 27 Suite 200 City & State 28 Miami Lakes, FL Zip 29 33016		<b>3. Date Incorporated or Qualified</b> 12/24/1990	
		<b>4. FEI Number</b> 65-0242585		Applied For Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				<b>10. Name and Address of New Registered Agent</b>			
				<b>81</b> Name			
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
				<b>83</b>			
				<b>84</b> City <b>FL</b> <b>85</b> Zip Code			

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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D, P, T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STACK, BRIAN			1.2 NAME	Stack, Brian		
STREET ADDRESS	16105 NE 18 AVE			1.3 STREET ADDRESS	8100 Governor's Square Blvd.		
CITY-ST-ZIP	N MIAMI BEACH FL			1.4 CITY-ST-ZIP	Miami Lakes, FL 33016	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	D, V, S		
NAME				2.2 NAME	Ollendorff, Stephen A.		
STREET ADDRESS				2.3 STREET ADDRESS	100 Park Avenue, 23rd Floor		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	New York, NY 10017		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Croft, Edward S., III D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS	4200 Northside Pkwy, Bldg 7-A		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Atlanta, GA 30327	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D		
NAME				4.2 NAME	Sawyer, Kenneth I.		
STREET ADDRESS				4.3 STREET ADDRESS	One Ram Ridge Road		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Spring Valley, NY 10977		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Johnson, Charles A. D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS	9 No. Pkwy Sq, 4200 Northside Pkwy NW		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Atlanta, GA 30327		
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 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.

SIGNATURE: *Stephen A. Ollendorff* Stephen A. Ollendorff 2/12/98 (212)481-9500

CR2E034 (10/97)