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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90062 005 ***150.00

0570752

DOCUMENT # S20562

1. Corporation Name
AUTHORGENICS, INC.

Principal Place of Business
8100 GOVERNORS SQUARE BLVD
SUITE 200
MIAMI LAKES FL 33016
US

Mailing Address
8100 GOVERNORS SQUARE BLVD
SUITE 200
MIAMI LAKES FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/24/1990

4. FEI Number
65-0242585

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
STACK, BRIAN
8100 GOVERNOR'S SQUARE BLVD
MIAMI LAKES FL 33016

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
OLLENDORF, STEPHEN A.
100 PARK AVENUE, 23RD FLOOR
NEW YORK NY 10017

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
CROFT, EDWARD S. I.
4200 NORTHSIDE PKWY, BLDG 7-A
ATLANTA GA 30327

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAWYER, KENNETH I.
ONE RAM RIDGE ROAD
SPRING VALLEY NY 10977

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHNSON, CHARLES A.
9 NO. PKWY SO 4200 NORTHSIDE PKWY NW
ATLANTA GA 30327

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
JAMES DAVIDSON
8100 GOVERNORS SQ. BLVD.
MIAMI LAKES, FL 33016

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DPS
RON COLLINS
8100 GOVERNORS SQ. BLVD
MIAMI LAKES, FL 33016

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D
SAWYER, KENNETH
ONE RAM RIDGE ROAD
SPRING VALLEY, NY 10977

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

305-231-5250

CR2E034 (11/98)