

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -6 AM 9:43
~~034541~~

DOCUMENT # **S21940 (9)**
1. Corporation Name
FLORIDA BIO-COMPLIANCE, INC.

W-10151



REINSTATEMENT 98-00
DO NOT WRITE IN THIS SPACE

Principal Place of Business
PO BOX 593745
ORLANDO FL 32859-3745

Mailing Address
PO BOX 593745
ORLANDO FL 32859-3745

3. Date Incorporated or Qualified
12/28/1990

4. FEI Number
65-0247066

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 or has paid the current year Intangible Personal Property Tax due June 30. 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

13025 KIRBY SMITH
ORLANDO FL
32832 USA

9. Name and Address of Current Registered Agent
ATKINSON, STEVEN L.
436 W. LANDSTREET ROAD
ORLANDO FL 32824

10. Name and Address of New Registered Agent
81 Name **KATHLEEN B. CRAWFORD**
82 Street Address (P.O. Box Number is Not Acceptable)
13025 KIRBY SMITH Rd
83 **ORLANDO FL**
84 City
FL 85 Zip Code **32832**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **3/28/00**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRAWFORD, JAMES P.	
STREET ADDRESS	436 W. LANDSTREET RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CRAWFORD, KATHLEEN B.	
STREET ADDRESS	436 W. LANDSTREET RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ATKINSON, STEVEN L.	
STREET ADDRESS	436 W. LANDSTREET RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13025 KIRBY SMITH Rd
1.4 CITY-ST-ZIP	Orl. Fl. 32832
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13025 KIRBY SMITH Rd
2.4 CITY-ST-ZIP	ORLANDO FL 32832
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	700003310897--1
3.3 STREET ADDRESS	-07/03/00--01029--022
3.4 CITY-ST-ZIP	****450.00 ****450.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	700003310897--1
4.3 STREET ADDRESS	-07/03/00--01029--023
4.4 CITY-ST-ZIP	****600.00 ****600.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>[Signature]</i>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **4/6/00** Daytime Phone # **0103166**

CR2E034 (10/97)