


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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -6 AM 9:43

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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	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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		

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

81 Name KATHLEEN B. CRAWFORD	82 Street Address (P.O. Box Number is Not Acceptable) 13025 KIRBY SMITH RD	83 City ORLANDO FL	84 Zip Code 32832
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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
NAME	CRAWFORD, JAMES P.
STREET ADDRESS	436 W. LANDSTREET RD.
CITY-ST-ZIP	ORLANDO FL
TITLE	STD
NAME	CRAWFORD, KATHLEEN B.
STREET ADDRESS	436 W. LANDSTREET RD.
CITY-ST-ZIP	ORLANDO FL
TITLE	VD
NAME	ATKINSON, STEVEN L.
STREET ADDRESS	436 W. LANDSTREET RD.
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	13025 KIRBY SMITH RD
1.3 STREET ADDRESS	Orl. Fl. 32832
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	13025 KIRBY SMITH RD
2.3 STREET ADDRESS	ORLANDO FL 32832
2.4 CITY-ST-ZIP	
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	
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 DATE: 4/6/00 DAYTIME PHONE #: 0103166

CR2E034 (10/97)