

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR BEFORE AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO INSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Martin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S27343
1. Corporation Name

(0)

BIOSPHERE CONSULTING, INCORPORATED



Principal Place of Business

Mailing Address

14908 TILDEN ROAD
WINTER GARDEN FL 34787

14908 TILDEN ROAD
WINTER GARDEN FL 34787

3. Date Incorporated or Qualified

01/24/1991

3a. Date of Last Report

06/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, JAMES M.
14908 TILDEN ROAD
WINTER GARDEN FL 34787

31

Name

32

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

33

34

City

FL

35

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

TITLE

DP

NAME

THOMAS, JAMES M.

STREET ADDRESS

15668 W. STATE RD. 50

CITY - ST - ZIP

WINTER GARDEN FL

TITLE

S

NAME

THOMAS, MARGARET W

STREET ADDRESS

15668 W COLONIAL DR

CITY - ST - ZIP

WINTER GARDEN FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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TITLE

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NAME

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CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr

CR2E034 (3/96)