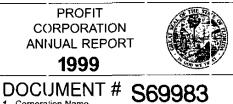
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

OMNISCIENCE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90067 033 \*\*\*150.00

|--|--|

Mailing Address Principal Place of Business 836 ORCHID DR 836 ORCHID DR PLANTATION FL 33317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE US 3. Date incorporated or Qualifed 07/26/1991 2a. Mailing Address 4. FEI Number Aprlied For 2. Principa Place of Business Not Applicable 65-0274361 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country Zip 8. This corporation owes the current year intangible Cour try Zip ∐No 30 Persor al Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROCUS, DUWAYNE M. Street Acdress (P.O. Box Number is Not Acceptable) 82 836 ORCHID DR. **PLANTATION FL 33317** Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 (NOT E: Registered Agent signature required when reinstating) Signature, typed or printed naine of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME ROCUS, DUWAYNE M 1.3 STREET ADDRESS STREET ADDRESS 836 ORCHID DR PLANTATION FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 21 TITLE 2.2 NAME ROCUS, DENISE S. NAME 23 STREET ADDRESS STREET ADDRESS 836 ORCHID DR PLANTATION FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 13 if changed, or on an appear with an address, with all other like empowered.

SIGNATURE:

Denise & Rocus, Pres. 4-22-99

CR2E034 (11/98