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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S98512 (4)

1. Corporation Name
BIODYNAMICS INTERNATIONAL, INC.

Principal Place of Business 10500 UNIVERSITY CTN DR S130 TAMPA FL 33612	Mailing Address 10500 UNIVERSITY CTN DR S130 TAMPA FL 33612
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3100165	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	29 Country	30. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Date Incorporated or Qualified 12/06/1991	3a. Date of Last Report 02/01/1994
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9. Name and Address of Current Registered Agent

**SCHIFINO, WILLIAM J.
ONE TAMPA CITY CENTER
201 N. FRANKLIN ST., SUITE 2700
TAMPA FL 33602**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	NAME MARGARET MORHAM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10500 UNIVERSITY CTN DR S130	CITY - ST - ZIP TAMPA FL	1.2 NAME	
TITLE ST	NAME BRUCE, MARTHA S.	1.3 STREET ADDRESS	
STREET ADDRESS 10500 UNIVERSITY CTR 130	CITY - ST - ZIP TAMPA FL	1.4 CITY - ST - ZIP	
TITLE D	NAME DRAGONE, CHARLES	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1605 MAIN ST S700	CITY - ST - ZIP SARASOTA FL	2.2 NAME	
TITLE	NAME NICHOLS, DAVID P.	2.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	NAME DRAGONE, CHARLES	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP BOISE, ID	3.2 NAME	
TITLE	NAME ARCHIBALD, DONALD	3.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP N. VANCOUVER, B.C. V7M 1X7	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	6.4 CITY - ST - ZIP	

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 110.07(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 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: David P. Nichols (813) 979-0016
 David P. Nichols, Secretary
 Date: 4/5/95