

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S98512** (4)

1. Corporation Name
BIODYNAMICS INTERNATIONAL, INC.

FILED
Apr 18, 1996 08:00 AM
Secretary of State



Principal Place of Business
**10500 UNIVERSITY CTN DR
S130
TAMPA FL 33612**

Mailing Address
**10500 UNIVERSITY CTN DR
S130
TAMPA FL 33612**

3. Date Incorporated or Qualified 12/06/1991	3a. Date of Last Report 04/21/1995
4. FEI Number 59-3100165	Applied For ☐ Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 NICHOLS, DAVID P.
82 Street Address (P.O. Box Number is Not Acceptable) BIODYNAMICS INTERNATIONAL INC 10500 UNIVERSITY CENTER DRIVE #130
83 City TAMPA
84 State FL
85 Zip Code 33612

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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]

DAVID P. NICHOLS

4/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC HARGISS, JOHN V. 10500 UNIVERSITY CTR 130 TAMPA FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICHOLS, DAVID P. 10500 UNIVERSITY CTR 130 TAMPA FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DRAGONE, CHARLES 2209 RIDGEVIEW WAY BOISE ID	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHIBALD, DONALD 1797 LAYTON DRIVE N. VANCOUVER B.	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☒ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☒ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☒ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID P. NICHOLS, MANAGING DIRECTOR & CHIEF FINANCIAL OFFICER

813 979-0016

Display Phone

CR2E034 (12/95)