Applied For

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 **DOCUMENT # V22476**

| APPLIED BIO-SYSTEMS, INC                | C.                                      |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Principal Place of Business             | Mailing Address                         |  |  |  |  |  |
| 7060 CHERRY LANE<br>VERO BEACH FL 32966 | 7060 CHERRY LANE<br>VERO BEACH FL 32966 |  |  |  |  |  |
| 2. Principal Place of Business          | 2a. Mailing Address                     |  |  |  |  |  |
| Suite, Apt. #, etc.                     | Suite, Apt. #, etc.                     |  |  |  |  |  |
| 22                                      | 27                                      |  |  |  |  |  |

DO NOT WRITE IN THIS SPACE

03/18/1992 4, FEI Number

65-0330317

3. Date Incorporated or Qualifed

**FILED** Mar 14, 1999 8:00 am Secretary of State 03-14-1999 90018 050 \*\*\*150.00

| Suite, Apt.                               | #, etc.   | Suite, A                | pt. #, etc.          |                          |            |  | 5 Certifcate      | of Status Desired     |                | \$8.75              |                  |  |  |
|---|---|-------------------------|----------------------|--------------------------|------------|--|-------------------|-----------------------|----------------|---------------------|------------------|--|--|
| 22  |   | 27                      |                      |                          |            |  | 3, Certificate    |                       |                | Fee Re              | equired          |  |  |
| City & Stat                               | e   | City & S                | State                |                          |            |  | 6. Election C     | ampaign Financing     |                | \$5.00              | May Be           |  |  |
| 23  |   | 28                      |                      |                          |            |  | Trust Fund        | Contribution          |                | Added 1             | to Fees          |  |  |
| Zip                                       | Country   | Zip                     |                      | Country                  |            |  | 8. This corpo     | ration owes the curr  | rent year Inta | ingible             |                  |  |  |
| 24  | 25  | 29                      | 30                   |                          |            |  |                   | roperty Tax.          |                | Yes                 | □No              |  |  |
|   | 9. Name and Address of Curren                       | Registered Ag           | ent                  |                          |            |  | 10. Name and      | Address of New I      | Registered /   | \gent               | <del></del>      |  |  |
|   |   |                         |                      | 81                       | Na         | me   |                   |                       |                |                     |                  |  |  |
| ADAIR, ROBERT C., JR.<br>7060 CHERRY LANE |   |                         |                      | 82                       | Str        | Street Address (P.O. Box Number is Not Acceptable) |                   |                       |                |                     |                  |  |  |
|   |   |                         |                      |                          |            |  |                   |                       |                |                     |                  |  |  |
| VER                                       | O BEACH FL 32966                                    |                         |                      | 83                       |            |  | -                 |                       |                |                     |                  |  |  |
|   |   |                         |                      |                          |            |  |                   |                       |                | loc l Zin           | Code             |  |  |
|   |   |                         |                      | 84                       | Cit        | ¥  |                   |                       | FL             | 85 Zip (            | 5008             |  |  |
| 11 Pursuant                               | to the provisions of Sections 607.0502              | 2 and 607.1508.         | Florida Statutes, th | e above                  | ∟<br>∍-nan | ned corpo  | ration submits th | is statement for the  | purpose of     | changing its        | registered       |  |  |
| office or r                               | egistered agent, or both, in the State of           | of Florida. Such        | chance was author    | ized by                  | the c      | orporation   | n's board of dire | tors. I hereby acce   | pt the appoir  | itment as re        | gistered         |  |  |
| agent. I a                                | m familiar with, and accept the obligat             | ions or, Section        | our.usus, riunda .   | วเลเบเชจ                 | •          |  | •                 |                       |                |                     |                  |  |  |
| SIGNATURE                                 | Signature, typed or printed name of registered agen | and title if applicable | (NOTE: Regis         | tered Agen               | it signe   | ture required                                      | when reinstating) |                       | DATE           |                     |                  |  |  |
| 12.                                       | OFFICERS AN   |                         |                      | 13.                      |            |  |                   | /CHANGES TO OF        | FICERS AN      | D DIRECTO           | ORS IN 12        |  |  |
| TITLE                                     | D   |                         |                      | I.1 TITLE                |            | $\Box$   |                   |                       |                | ☐ Change            | ☐ Addition       |  |  |
| NAME                                      | ADAIR, ROBERT C., JR.                               |                         |                      | 1.2 NAME                 |            |  |                   |                       |                |                     |                  |  |  |
| STREET ADDRESS                            | TOOK OUEDDY LANE                                    |                         |                      | 1.3 STREET               | ADDR       | ESS  |                   |                       |                |                     |                  |  |  |
|   | VERO BEACH FL                                       |                         | i i                  | 1.4 CITY-ST              |            |  |                   |                       |                |                     |                  |  |  |
| CITY-ST-ZIP<br>TITLE                      | TENO DESCRIPE                                       |                         |                      | 2.1 TITLE                |            | <del></del>  |                   |                       |                | Change              | Addition         |  |  |
| NAME                                      |   |                         | _                    | 2.2 NAME                 |            |  |                   |                       |                |                     |                  |  |  |
|   |   |                         |                      | 2.3 STREET               | r ADOR     | ESS  |                   |                       |                |                     |                  |  |  |
| STREET ADDRESS                            |   |                         |                      | 2. 4 CITY-S              |            |  |                   |                       |                |                     |                  |  |  |
| CITY-ST-ZIP                               |   |                         |                      | 3.1 TITLE                | 11-215     | _  |                   | ···                   | -              | Change              |                  |  |  |
| TITLE                                     |   |                         | _                    | 3.2 NAME                 |            |  |                   |                       |                |                     | _                |  |  |
| NAME                                      |   |                         |                      |                          | - 4000     | ,coo   |                   |                       |                |                     |                  |  |  |
| STREET ADDRESS                            |   |                         | i i                  | 3.3 STREET               |            | E99  |                   |                       |                | - , . <del></del> - |                  |  |  |
| CITY-ST-ZIP                               |   |                         |                      | 3 4. CITY-S<br>4.1 TITLE | T-ZIP      | -  |                   |                       |                | Change              | г.               |  |  |
| TITLE                                     |   |                         |                      |                          |            |  |                   |                       |                | onango              | _                |  |  |
| NAME                                      |   |                         |                      | 4. 2 NAME                |            |  |                   |                       |                |                     |                  |  |  |
| STREET ADDRESS                            |   |                         |                      | 4.3 STREE!               |            | ESS  |                   |                       |                |                     |                  |  |  |
| CITY-ST-ZIP                               |   |                         |                      | 4.4 CITY-S               | T-ZIP      |  |                   |                       |                | Change              | — <sub>г</sub> . |  |  |
| TITLE                                     |   |                         |                      | 5.1 TITLE                |            |  |                   |                       |                | ☐ Crisinge          | L                |  |  |
| NAME                                      |   |                         |                      | 5.2 NAME                 |            |  |                   |                       |                |                     |                  |  |  |
| STREET ADDRESS                            |   |                         | 1                    | 5.3 STREET               |            | ESS  |                   |                       |                |                     |                  |  |  |
| CITY-ST-ZIP                               |   |                         |                      | 5.4 CITY- \$             | T-ZIP      |  |                   |                       |                |                     | <sub></sub> ,    |  |  |
| TITLE                                     |   |                         |                      | 6.1 TITLE                |            |  |                   | •                     |                | Change              | L                |  |  |
| NAME                                      |   |                         | i i                  | 6.2 NAME                 |            |  |                   |                       |                |                     |                  |  |  |
| STREET ADDRESS                            |   |                         |                      | 6.3 STREET               |            | ESS  |                   |                       |                |                     |                  |  |  |
| CITY-ST-ZIP                               |   |                         |                      | 6.4 CITY-S               |            |  |                   |                       |                |                     |                  |  |  |
| 14. I hereby                              | certify that the information supplied with          | h this filing does      | not qualify for the  | exempt                   | ion s      | ated in Se   | ection 119.07(3)  | i), Florida Statutes. | i further ceri | lify that ":: '     |                  |  |  |

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 ar 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 of on an attachment with an address, with an other like empowered.

SIGNATURE: