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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V41216**

1. Corporation Name

BIOWORKS, INC.

UNITER PARK FL 32/92-629 3. Date Incorporated or Custified 5/26/1992 3. Date Incorporated or Status Desired 5/26/1992 3. Date Incorporated or Status Desired 5/26/1992 3. Date Incorporated or Status Desired 5/26/1992				<u></u> .									
MINER PARK FL 32782-8203 US	Principal Place	of Business	Mailing Address					***************************************					
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3. Dete Incorporated or Qualified 0.5/26/1992 2. Principal Place of Business 2. Applied For 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 5. Scrift-2603 5. Confricted of Status Desired 5. Scrift-2603 5. Scrift-2603 5. Confricted of Status Desired 5. Scrift-2603 5. Scrift-2603 5. Confricted of Status Desired 5. Scrift-2603 5. Confricted Status- 7. Intercept Confricted Agent 7. Intercept Confricted Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Nam								DO NOT WRITE IN THIS SPACE					
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S. Certificate of Status Desired Fee Required		# efc.		etc.							\$8		
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2 2 2 3 3 3 3 3		3		.,				6. Election Ca	mpaign Financir	ng 🗆	\$	5.00	May Be
Zip Country Zip Country September Septembe	3		28					Trust Fund	Contribution	- 1			
9. Name and Address of Current Registered Agent NIELSON, CHARLOTTE D. 616 W. PALM VALLEY DRIVE OVEDO FL 32765 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 registere digent, 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of impailment agent and title it applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. TITLE TS INILE SINCE, CHARLOTTE D. 616 W PALM VALLEY DR. OVIEDO FL 12 NAME NIELSON, CHARLOTTE D. 616 W PALM VALLEY DR. OVIEDO FL 14 CITY ST-ZP OVIEDO FL 14 CITY ST-ZP OVIEDO FL 14 CITY ST-ZP 15 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. 15 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. 16 Change Adv. ALCITY ST-ZP OVIEDO FL 17 INILE OVIEDO FL 18 STREET ADDRESS CITY ST-ZP OVIEDO FL 18 STREET ADDRESS OVIEDO FL 19 Change Adv. ALCITY ST-ZP OVIEDO FL 19 Change Adv. ALCITY ST-ZP TITLE OVIEDO FL 10 DELETE 11 TITLE OVIEDO FL 12 NAME 13 STREET ADDRESS CITY ST-ZP TITLE OVIEDO FL 14 TITLE OVIEDO FL 15 TITLE OVIEDO FL 15 TITLE OVIEDO FL 16 N. PALM VALLEY DR. OVIEDO FL 17 NAME 18 STREET ADDRESS CITY ST-ZP TITLE OVIEDO FL 18 TITLE OVIEDO FL OVIEDO FL 18 TITLE OVIEDO FL OVIEDO F		Country	Zip		Country			8. This corpora	ation owes the o	urrent yea	r Intangibl	e	./
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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 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED Apr 21, 1999 8:00 am Secretary of State

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