SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# 1. Corporation Name

BIOFAB, INC.

FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90004 014 ***550.00



	ž.				
Principal Place of Business Mailing Address					- I SOULD ENSON ENIMO HISTO FINIO VIGIL OND AND CARREL OVERLOUGH OF DID IN OUR STANK
PLACIDO MAR 5200 N DIXIE I WEST PALM B	-	O MAR CONDOMINIUM. NO 1501 I DIXIE HIGHWAY		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified
					07/27/1992
2. Principal Place of Business 2a. Mailing Ad			ddress		4. FEI Number Applied For
21 26					65-0358480 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired Fee Required
City & State	City & State City & State 28		ate		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year
24	25		30		Intangible Personal Property. Yes No
9. Name and Address of Current Registered Agent 81 Name					10. Name and Address of New Registered Agent
SAN	idall, Edward W		'	Name	ле
PLACIDO MAR CONDOMINIUM, NO 1501			[2 Stree	set Address (P.O. Box Number is Not Acceptable)
	O N DIXIE HIGHWAY		[8	13	
WES	ST PALM BEACH FL 33407		1	4 City	FL 85 Zip Code
44 5		102 and 607 1609. Elorida Statutos	the above	re-named	d comoration submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was at	ıtnorized	ov the cor	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE.		1 109. 9	C. Basistan	A Agent augno	nature required when reinstating) DATE
			13.	1 Agent aigne	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLI		Change Addition
NAME			1.2 NAM	E	
STREET ADDRESS	TO A DESCRIPTION WAY		1.3 STRE	ET ADDRESS	ss
CITY-ST-ZIP	W PALM BCH FL		1,4 CITY	-ST-ZIP	
TITLE -	V	DELETE	2.1 TITLE		Change Addition
NAME	SANDALL, EDWARD W	_	2.2 NAM	E	
STREET ADDRESS	5200 N DIXIE HWY #1501	- 14d .m.	2.3 STRE	ET ADDRESS	ss _
CITY-ST-ZIP	W PALM BCH FL		2 4 CITY	-ST-ZIP	
TITLE		DELETE	3.1 TITLE		Change . Addition
NAME -	i e		3.2 NAME		
STREET ADDRESS	DRESS 3.3 S		3.3 STRE	ET ADDRESS	SS
CITY-ST-ZIP			3.4 CITY		
TITLE		DELETE	4,1 TITU		Change Addition
NAME			4.2 NAM		
STREET ADDRESS				ET ADDRESS	55
CITY-ST-ZIP			4.4 CITY 5.1 TITL		Change Addition
TITLE		DELETE	5.1 IIILE 5.2 NAME		Change Addition
NAME				ET ADORESS	95
STREET ADDRESS			5.4 CITY		
CITY-ST-ZIP TITLE		DELETE	6.1 TITL		Change Addition
NAME		DEFE 15	6.2 NAM		
STREET ADDRESS				ET ADDRESS	ss
			6.4 CITY		,
CITY-ST-ZIP	ertify that the information supplied w	ith this filing does not qualify for th			d in section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or supplied with this limit does not quality for the exemption stated in section 1.19-07(3)(f), Florida Statutes. I furner certify that the indicated on this annual report or suppliemental 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.

561 683 9643