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 # **V56570** **(7)**

1. Corporation Name

VIRO PROTECTION PRODUCTS, INC.

Principal Place of Business	Mailing Address
~~2337 BAY CIRCLE~~	~~2337 BAY CIRCLE~~
~~PALM BEACH GARDENS FL 33410~~	~~PALM BEACH GARDENS FL 33410~~

2. Principal Place of Business	2a. Mailing Address
21 4521 P.G.A. Blvd.	26 4521 P.G.A. Blvd.
22 Suite, Apt. #, etc. Suite # 332	27 Suite, Apt. #, etc. Suite # 332
23 City & State PALM BEACH GARDENS, FL.	28 City & State PALM BEACH GARDENS, FL.
24 Zip 33418 25 Country U.S.A.	29 Zip 33418 30 Country U.S.A.

3. Date Incorporated or Qualified: 08/10/1992
3a. Date of Last Report: 01/30/1995
4. FEI Number: 65-0356102 (Applied For / Not Applicable)
5. Certificate of Status Desired: X — $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 X No

9. Name and Address of Current Registered Agent

~~FISHER, MICHELLE~~
~~2337 BAY CIRCLE~~
~~PALM BEACH GARDENS FL 33410~~

10. Name and Address of New Registered Agent

81 Name: FISHER, MICHELLE
82 Street Address (P.O. Box Number is Not Acceptable): 116 SATINWOOD LANE
83
84 City: PALM BEACH GARDENS FL 85 Zip Code: 33410

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: Michelle Fisher DATE: 1/21/96

12. OFFICERS AND DIRECTORS

Title	~~D~~	☒ DELETE
Name	~~FISHER, PETER~~	
Street Address	~~2337 BAY CIRCLE~~	
City-St-Zip	~~PALM BEACH GDNS FL~~	
Title	~~D~~	☒ DELETE
Name	~~FISHER, MICHELLE~~	
Street Address	~~2337 BAY CIRCLE~~	
City-St-Zip	~~PALM BEACH GDNS FL~~	
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 Title	DIRECTOR -D-	☒ Change ☐ Addition
12 Name	FISHER, PETER	
13 Street Address	4521 P.G.A. Blvd., Suite # 332	
14 City-St-Zip	PALM BEACH GARDENS, FL. 33418	
21 Title	DIRECTOR -D-	☒ Change ☐ Addition
22 Name	FISHER, MICHELLE	
23 Street Address	4521 P.G.A. Blvd., Suite # 332	
24 City-St-Zip	PALM BEACH GARDENS, FL. 33418	
31 Title		☐ Change ☐ Addition
32 Name		
33 Street Address		
34 City-St-Zip		
41 Title		☐ Change ☐ Addition
42 Name		
43 Street Address		
44 City-St-Zip		
51 Title		☐ Change ☐ Addition
52 Name		
53 Street Address		
54 City-St-Zip		
61 Title		☐ Change ☐ Addition
62 Name		
63 Street Address		
64 City-St-Zip		

CR2E034 (12/95)

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)(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 of changed, on an attachment with an address.

SIGNATURE: Michelle Fisher — 1/21/96 — 407-885-3768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #