

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V60640** (2)

1. Corporation Name
BIODYNAMICS FOR PARTNERSHIPS, INC.

Principal Place of Business 10500 UNIVERSITY SQUARE SUITE 130 TAMPA FL 33612	Mailing Address 10500 UNIVERSITY SQUARE SUITE 130 TAMPA FL 33612
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DO NOT WRITE IN THIS SPACE

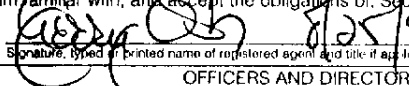
3. Date Incorporated or Qualified 08/28/1992		3a. Date of Last Report 04/18/1996	
4. FEI Number 59-3153025		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			

2. Principal Place of Business 21 1719 Route 10 Suite, Apt. #, etc. 22 Suite 314 City & State 23 Parsippany, New Jersey Zip 24 07054-4507 Country 25 USA		2a. Mailing Address 26 1719 Route 10 Suite, Apt. #, etc. 27 Suite 314 City & State 28 Parsippany, New Jersey Zip 29 07054-4507 Country 30 USA	
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9. Name and Address of Current Registered Agent
**NICHOLS, DAVID P.
10500 UNIVERSITY CENTER DRIVE #130
BIODYNAMICS INTERNATIONAL INC
TAMPA FL 33612**

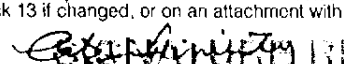
10. Name and Address of New Registered Agent
81 Name Gerry Oster
82 Street Address (P.O. Box Number is Not Acceptable) Biodynamics International, Inc.
83 One Progress Blvd., Box 19, South Wing
84 City Alachua FL 85 Zip Code 32615

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 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  DATE **9/25/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DRAGONE, CHARLES 2200 RIDGEVIEW WAY BOISE ID 83712	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STM NICHOLS, DAVID P 10500 UNIVERSITY CENTER DRIVE #130 TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEISTER, KARL H. FAWN HILL DRIVE BOX 801 NEW VERNON NJ	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	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 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 changed, or on an attachment with an address.

SIGNATURE:  EXEMPTION REQUIRED

9/5/97

CR2E034 (4/97)