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

DOCUMENT # V60640 (2)

1. Corporation Name
BIODYNAMICS FOR PARTNERSHIPS, INC.

Principal Place of Business	Mailing Address
10500 UNIVERSITY SQUARE SUITE 130 TAMPA FL 33612	10500 UNIVERSITY SQUARE SUITE 130 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1992
3a. Date of Last Report: 04/18/1996

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

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

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 [signature] 8/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DRAGONE, CHARLES		1.2 NAME		
STREET ADDRESS	2209 RIDGEVIEW WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOISE ID 83712		1.4 CITY-ST-ZIP		
TITLE	STM	☒ DELETE	2.1 TITLE	STM	☐ Change ☒ Addition
NAME	NICHOLS, DAVID P		2.2 NAME	Finnerty, Peter J.	
STREET ADDRESS	10500 UNIVERSITY CENTER DRIVE #130		2.3 STREET ADDRESS	1719 Route 10, Suite 314	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Parsippany, New Jersey 07054	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEISTER, KARL H.		3.2 NAME		
STREET ADDRESS	FAWN HILL DRIVE BOX 601		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW VERNON NJ		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (4/97)

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: [signature] SIGNATURE REQUIRED 9/5/97