

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 # F94000002158 (3)

1. Corporation Name

ALPINE AROMATICS INTERNATIONAL, INC.



Principal Place of Business

51 ETHEL ROAD WEST
PISCATAWAY NJ 08854

Mailing Address

51 ETHEL ROAD WEST
PISCATAWAY NJ 08854

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and if not applicable

(If Officer, Registered Agent's signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
CP	YOREY, JOHN G	1 GROUSE WAY	NORTH BRUNSWICK NJ 08902	<input type="checkbox"/>
CCSD	BLECHINGER, FLAVIA	3 CLYDESDALE ROAD	SCOTCH PLAINS NJ	<input type="checkbox"/>
CCSD	WEIL, NINA	1061 RAHWAY ROAD	PLAINFIELD NJ	<input type="checkbox"/>
D	BLECHINGER, PETER	3 CLYDESDALE ROAD	SCOTCH PLAINS NJ 07076	<input type="checkbox"/>
D	WEIL, WILLIAM	1061 RAHWAY ROAD	PLAINFIELD NJ 07060	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
PD				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CCTD				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VP/D				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VP/D	BARBARA F BOWERS	7 HOMESTEAD ROAD	METUCHEN NJ 08840	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

3/29/96

908-572-5600
DISPATCH PHONE #

CR2E034 (12/95)