

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Tallahassee, Florida

APPROVED
AND
FILED

MAY 11 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J47331** (0)

1. Corporation Name
BOCA BRUSH & CHEMICAL, INC.

Principal Place of Business (Mailing Address)
**333 HOLLENBECK ST.
P O BOX 1515
ROCHESTER NY 14603**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated (if applicable) **12/16/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **06-1196055** 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 is not a foreign corporation for purposes of Florida Statute. Yes No

2. Principal Place of Business (2d. Mailing Address)
21. State of Incorporation **NY** 26. State of Mailing Address **NY**

22. City & State of Incorporation **NY** 27. City & State of Mailing Address **NY**

23. City & State of Incorporation **NY** 28. City & State of Mailing Address **NY**

24. City & State of Incorporation **NY** 25. City & State of Mailing Address **NY** 29. City & State of Incorporation **NY** 30. City & State of Mailing Address **NY**

9. Name and Address of Current Registered Agent

**SNOW, DON
4500 OAK CIRCLE
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (if Other than a P.O. Box)
83.
84. State **FL** 85. Zip Code

11. I, the undersigned, being a resident qualified person, do hereby certify that this is a true and correct copy of the statement for this period of change prepared by the corporation, and that the same conforms to the original copy of the statement for this period of change on file in the office of the Secretary of State, and that the same is a true and correct copy of the statement for this period of change on file in the office of the Secretary of State.

SIGNATURE _____

12. OFFICERS (NAME, ADDRESS AND CITY AND STATE)

NAME	D KEVORKIAN, TREVOR 35 EAST BLVD. ROCHESTER NY
NAME	VTD SLOAN, DALE 31 MODE LANE ROCHESTER NY
NAME	S INGERSOLL, MARY K 41 OLD COUNTRY LANE FAIRPORT NY
NAME	PD CALKINS, H.D. 105 COUNTRY CLUB DRIVE ROCHESTER NY
NAME	C MILLER, D. M. 19 KATHRENE CT. WEBSTER NY

13. ALTERNATE OFFICERS (NAME, ADDRESS AND CITY AND STATE)

NAME	ADDRESS	CITY	STATE

14. I, the undersigned, do hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that the same conforms to the original copy of the statement for this period of change on file in the office of the Secretary of State, and that the same is a true and correct copy of the statement for this period of change on file in the office of the Secretary of State.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (716) 336-2200