

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 28 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 # J47331 (0)

1. Corporation Name
BOCA BRUSH & CHEMICAL, INC.



Principal Place of Business 333 HOLLENBECK ST. P O BOX 1515 ROCHESTER NY 14603	Mailing Address 333 HOLLENBECK ST. P O BOX 1515 ROCHESTER NY 14603-1515
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3. Date Incorporated or Qualified 12/16/1986	3a. Date of Last Report 04/15/1996
4. FEI Number 06-1196055	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**GARBER, MEL
4500 OAK CIR
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVORKIAN, TREVOR	1.2 NAME	
STREET ADDRESS	35 EAST BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY	1.4 CITY - ST - ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, DALE	2.2 NAME	
STREET ADDRESS	31 MODE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGERSOLL, MARY K	3.2 NAME	
STREET ADDRESS	41 OLD COUNTRY LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRPORT NY	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALKINS, H.D.	4.2 NAME	
STREET ADDRESS	105 COUNTRY CLUB DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY	4.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, D. M.	5.2 NAME	
STREET ADDRESS	19 KATHRENE CT.	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEBSTER NY	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: _____ **3/10/97** **716 336-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Douglas M. Miller** Date Daytime Phone #

CR2E034 (9/96)