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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90098 027 ***150.00

DOCUMENT # P97000083514

BOECKER ANALYTICAL CHEMISTRY, INC.

Principal Place of Business Mailing Address								'	18811861 118 18111 18811		1141 	, 	11 85 1 1101 1 1	I V I (
2198 MAIN ST		2198 MAIN ST												
SUITE 303		SUITE 303				DO NOT WRITE IN THIS SPACE								
SARASOTA FL	34237	SAHASOTA FL 34237 US	ARASOTA FL 34237			3. Date Incorporated or Qualifed								
US		03							6/1 997	James				
2. Principal P	lace of Business	2a. Mailing Address						FEI N					1	Applied For
21		26						59-34	471248					Not Applicable
Suite, Ar t.	#, etc.		Suite, Apt. #, etc.						ate of Status Des	ired				Additional
22		27						Octuio						Required
City & Stat	е	City & State							r Campaign Fina	_				0 May Be
23		28		ntn			+		Ind Contribution					d to Fees
Zip	Country	Zip	¬ `						p poration owes t nal Property Tax.	ne curr	ent yea		ngibie □Yes	[]No
24	9. Name and Address of 0	29 Current Registered Agent	30						and Address of	New F	Registe			
	J. Hallio dise recoloss or	our, one regions a regions		81	Nar	ne								
JAEI	NSCH, P. CHRISTOPHER			82		-4 6-4	(D	O Box	Alumbaria Not	\ ooonte	ablo)			
2198	B MAIN ST			82	Sire	et Adul	ess (F	.0. 60	Number is Not A	чссери	aule)			
SAR	ASOTA FL 34237			83										
				84	City				- 				85 Zij	o Code
												F⊩		
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida S State of Florida. Such change	Statutes, the a	bove	a-nam	ed co p	oration	submi	it; this statement	for the	purpos	e of c	hanging i	ts registered
office o r agent. I a	egistered agent, or both, in the im familiar with, and accept the	e State of Florida. Such change to e obligations of, Section 607.050	vas autnorize 5, Florida Stat	o by utes	ine ci	prporasic	ят 5 00	aru or	d rectors. I nereb	y acces	pt tile a	pp.mi	IIII as	registered
SIGNATURE	,	_												
	Signature, typed or printed nar ie of registe		(NOTE: Registered	Agen	t signati	ire required				TO 05	DATE		DIDEC	FOE E (N. 12
12.		RS AND DIRECTORS	13. E 1.1 TO	T1 E	—		<i>F</i>	יוווטטא	C NS/CHANGES	10 OF	FICERS	2 VINE	Change	
TITLÉ	DOCCALD MEDGEN		1.1 N											
NAME	Boecker, Juergen Rohrer Hoedhe 47				r addre									
STREET ADDRESS	70565 STUTTGART GERN	MANIV				.55								
CITY-ST-ZIP	70303 STUTTGANT GENE	MAIN I DELE			T-ZIP	+-							Change	Addition
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NAME STREET ADDRESS					ADDRE	288								
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NAME			3.2 N	4M€										
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TITLE		DELE											Chang	e 🔲 Addition
NAME			6.2 N											
					T ADDRE									

14. 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 recuired 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, with all other like empowered.

6.4 CITY-ST-ZIP