

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35205 (6)

1. Corporation Name

AMERICAN CHITOSCIENCE SOCIETY, INC.



Principal Place of Business

Mailing Address

C/O DR JOHN P ZIKAKIS
3430 GALT OCEAN DR STE 1402
FT LAUDERDALE FL 33308C/O DR JOHN P ZIKAKIS
3430 GALT OCEAN DR STE 1402
FT LAUDERDALE FL 33308-70483. Date Incorporated or Qualified
11/13/19893a. Date of Last Report
04/25/1996

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

4. FEI Number
65-0155800Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIKAKIS, DR JOHN P
3430 GALT OCEAN DR
STE 1402
FT LAUDERDALE FL 33308

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 VD ☐ DELETE
NAME BRINE, CHARLES J. (DR)
STREET ADDRESS 28 TEE AR PL
CITY-ST-ZIP PRINCETON NJ1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BORAH, GREGORY D
STREET ADDRESS 69 PRETTY BROOK ROAD
CITY-ST-ZIP PRINCETON NJ2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME PARISER, E. RAY
STREET ADDRESS 138 SCHOOL ST
CITY-ST-ZIP BELMONT MA3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME SANDFORD, PAUL A
STREET ADDRESS 2822 OVERLAND DR.
CITY-ST-ZIP LOS ANGELES CA4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME ZIKAKIS, JOHN J. (DR)
STREET ADDRESS 3430 GALT OCEAN DR., #1402
CITY-ST-ZIP FT. LAUDERDALE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ST ☐ DELETE
NAME KLOKKEVOLD, PERRY
STREET ADDRESS 1210 OCEAN DR
CITY-ST-ZIP LOS ANGELES CA6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John P. Zikakis (John P. Zikakis) 4/23/97 954-565-1262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034372

CP2E037 (9/96)