

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 560066 (3)
1. Corporation Name
BOND LABORATORIES, INC.

Principal Place of Business
407 E. OCEAN BOULEVARD
STUART FL 34994
US

Mailing Address
407 E. OCEAN BOULEVARD
STUART FL 34994-2573
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/15/1978	3a. Date of Last Report 03/15/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1806071	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEWART, LARRY 73 W. FLAGLER AVENUE STUART FL 33494	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 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 NAME STREET ADDRESS CITY - ST - ZIP	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	61. TITLE 62. NAME 63. STREET ADDRESS 64. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

Date

Daytime Phone #

0471158

CR2E034 (9/96)