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Addition

Change

FILE-	NOW: FILING FEE 7	TER	MAY 1ST IS	\$550	J.0	0	Amended
,CORI	ROFIT PORATION AL REPORT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				APPROVED AND FILED
DOCUM 1. Corporation	MENT # 839325			-			99 OCT 26 PM 3: 02
	/Lith-Kem-Ko, I	inc.					SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place	of Business	Mailin	g Address				
	strial Loop N		Industrial	Lo	00	p N	
-	troller	c/o	Controlle	r	•	_	DO NOT WRITE IN THIS SPACE
Orange US	Park FL 32073		nge Park,	FL	3	2073	3. Date incorporated or Qualifed 10/18/1977
2. Principal Pla	ce of Business	US 2a. Ma	ailing Address				4. FEI Number Applied For
21		26					06-0836331 Not Applicable
Suite, Apt. #	, elc.	27 27	ite, Apt. #, etc.				5. Certificate of Status Desired Section Fee Required
City & State		28 Ci	ty & State	-			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	_	Cou	ntry		This corporation owes the current year intangible
24	25] 9. Name and Address of Curre	29	3	<u>ol</u>	_		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
_	S. Name and Address or Curre	ur Kadistan	io Agent		81	Name	10. Haire and Address of Hear Kegistered Agent
Intrast	ate Registered	Agent	Corporati	on.	82	Street 4	ddress (P.O. Box Number Is Not Acceptable)
	ckell Avenue				92	Street A	duress (P.O. Box Number is Not Acceptable)
Suite 3					83		
Miami,	FL 33131				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 chenging 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, and accept the obligations of, Section 807.0505, Florida Statutes. SIGNATURE							
<u> </u>	Ignature, typed or printed name of registered ag			13.	Agen	t signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OFFICERS A	NO DIRECT	DELETE	1.1 70	1.E		Change Addition
j	Aerts, Albert W			1.2 NA		}	
	West 115 Centur		ā	1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	Paramus, NJ 076	52		1.4 CI	Y- \$1	T-ZIP	
TITLE	TS		☐ DELETE	2.1 TI	-		5000030401959
I .	Escaravage, Ste		-	2.2 NA			5000030401959
1	West 115 Centur Paramus, NJ 076	-	1	•		ADORESS	*****61.25 *****61.25
TITLE	raramas, no oro	<u> </u>	DELETE	2.4 CI	_	T-ZIP	☐ Change ☐ Addition
NAME				32 NA		[
STREET ADORESS			•	3.3 ST	REET	ADDRESS	
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP	
TITLE			☐ DELETE	4.1 377	LE		☐ Change ☐ Addition
NAME				4.21		j	
STREET ADORESS				•		ADDRESS	
CITY-ST-ZIP TITLE			DELETE	4.4 CFI 5.1 TFI	_	-20	☐ Change ☐ Addition
NAME				5.2 NA		ł	
STREET ADDRESS				6.3 ST	REET	ADDRESS	, N

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

14. I 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 changes or on any flactoment with an address, with all other like empowered.

SIGNATURE:

STEVE M. ESCARAVAGE

Double 10/12/5 9 20, 967 - 76/7

Description Prior P

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME