

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 7:58

DOCUMENT # F93000002947 (0)

1. Corporation Name
TEX-SHIELD, INC.

Principal Place of Business Mailing Address
**8000 ATLANTIC DR. 8015
MT. LAUREL NJ 08054** **8000 ATLANTIC DR. 8015
MT. LAUREL NJ 08054**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/25/1993 **03/16/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

State, Apt. #, etc. State, Apt. #, etc.
22 **110 SOUTH** 27 **110 SOUTH**

City & State City & State
23 28

Zip Country Zip Country
24 25 29 30

4. FEI Number Applied For
22-3084389 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SESSIONS, JERRY
435 S. RIDGEWOOD AVE., STE. 101
DAYTONA BEACH FL 32114**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DCP
NAME	BLUECHER, HASSON VON
STREET ADDRESS	PARKSTRASSE 10, 40699 ERKRATH
CITY-STATE-ZIP	GERMANY
TITLE	VP
NAME	ALEXANDROFF, EUGENE
STREET ADDRESS	757 WESTFIELD ROAD
CITY-STATE-ZIP	MOORESTOWN NJ 08057
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME	
1.2 STREET ADDRESS	
1.3 CITY-STATE-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME	
2.2 STREET ADDRESS	
2.3 CITY-STATE-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 NAME	
3.2 STREET ADDRESS	
3.3 CITY-STATE-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 NAME	
4.2 STREET ADDRESS	
4.3 CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 NAME	
5.2 STREET ADDRESS	
5.3 CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 NAME	
6.2 STREET ADDRESS	
6.3 CITY-STATE-ZIP	

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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 of checked, or on an attachment with an address.

SIGNATURE: *Eugene Alexandroff* U. PRES **8/11/94 95/ 727-5323**
EUGENE ALEXANDROFF U. PRES