

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. State, Apt. #, etc. 26. State, Apt. #, etc.
110 SOUTH **110 SOUTH**

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

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
FL

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: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition
1.1 NAME
1.2 STREET ADDRESS
1.3 CITY-STATE-ZIP

2. TITLE Change Addition
2.1 NAME
2.2 STREET ADDRESS
2.3 CITY-STATE-ZIP

3. TITLE Change Addition
3.1 NAME
3.2 STREET ADDRESS
3.3 CITY-STATE-ZIP

4. TITLE Change Addition
4.1 NAME
4.2 STREET ADDRESS
4.3 CITY-STATE-ZIP

5. TITLE Change Addition
5.1 NAME
5.2 STREET ADDRESS
5.3 CITY-STATE-ZIP

6. TITLE Change 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 constitute for the incorporation 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 incorporator 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: *Eugene Alexandroff* U. PRES **8/11/94 95/ 727-5323**
EUGENE ALEXANDROFF U. PRES