

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000002947 (0)

1. Corporation Name  
**TEX-SHIELD, INC.**



Principal Place of Business

Mailing Address

8000 MIDLANTIC DR. 2065  
110 SOUTH  
MT. LAUREL NJ 08054  
US

8000 MIDLANTIC DR. 2065  
110 SOUTH  
MT. LAUREL NJ 08054  
US

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

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/25/1993

3a. Date of Last Report

03/14/1995

4. FEI Number

22-3064389

Applied For  
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. 199.032,  
Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

SESSIONS, JERRY  
435 S. RIDGEWOOD AVE., STE. 101  
DAYTONA BEACH FL 32114

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 of individual proprietor, officer, director, or registered agent

Signature of authorized representative, representative

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DCP  
NAME: BLUECHER, HASSON VON  
STREET ADDRESS: PARKSTRASSE 10, 40699 ERKRATH  
CITY-STATE-ZIP: GERMANY  
 DELETE

TITLE: VP  
NAME: ALEXANDROFF, EUGENE  
STREET ADDRESS: 757 WESTFIELD ROAD  
CITY-STATE-ZIP: MOORESTOWN NJ 08057  
 DELETE

TITLE: [ ]  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-STATE-ZIP: [ ]  
 DELETE

TITLE: [ ]  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-STATE-ZIP: [ ]  
 DELETE

TITLE: [ ]  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-STATE-ZIP: [ ]  
 DELETE

1. TITLE: [ ]  
2. NAME: [ ]  
3. STREET ADDRESS: [ ]  
4. CITY-STATE-ZIP: [ ]  
 Change  Addition

5. TITLE: [ ]  
6. NAME: [ ]  
7. STREET ADDRESS: [ ]  
8. CITY-STATE-ZIP: [ ]  
 Change  Addition

9. TITLE: [ ]  
10. NAME: [ ]  
11. STREET ADDRESS: [ ]  
12. CITY-STATE-ZIP: [ ]  
 Change  Addition

13. TITLE: [ ]  
14. NAME: [ ]  
15. STREET ADDRESS: [ ]  
16. CITY-STATE-ZIP: [ ]  
 Change  Addition

17. TITLE: [ ]  
18. NAME: [ ]  
19. STREET ADDRESS: [ ]  
20. CITY-STATE-ZIP: [ ]  
 Change  Addition

21. TITLE: [ ]  
22. NAME: [ ]  
23. STREET ADDRESS: [ ]  
24. CITY-STATE-ZIP: [ ]  
 Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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: Eugene Alexandroff  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 96 609-727-5323

CR2E034 (12/95)