

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # F93000002947 (0)**

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



Principal Place of Business Mailing Address  
**8000 MIDLANTIC DR 8000 MIDLANTIC DR**  
**110 SOUTH 110 SOUTH**  
**MT. LAUREL NJ 08054 MT. LAUREL NJ 08054-1518**  
**US US**

3. Date Incorporated or Qualified **06/25/1993** 3a. Date of Last Report **04/10/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **22-3064389** Applied For Not Applicable

21 Suite, Apt #, etc 26 Suite, Apt #, etc

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, type or print name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUECHER, HASSON VON</b>	1.2 NAME	
STREET ADDRESS	<b>PARKSTRASSE 10, 40699 ERKRATH</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>GERMANY</b>	1.4 CITY- ST- ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEXANDROFF, EUGENE</b>	2.2 NAME	
STREET ADDRESS	<b>757 WESTFIELD ROAD</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MOORESTOWN NJ 08057</b>	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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: *Eugene Alexandroff* 28 Feb 97 609 727 5323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)