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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

IT # F93000002947 (0)

TEX-SHIELD, INC.

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Principal Place of Business Mailing Address													
8000 MIDLANT	ric dr		8000 MIDLANTIC DR										
110 SOUTH MT. LAUREL 1	11 /100 04		110 SOUTH				DO NOT WRITE IN THIS SPACE						
I US	NU UOUDY		MT. LAUREL NJ 08054 US				3. Date Incorporated or Qualified						
									06/25/1993	TO GUALINGS			
2. Principal Pl	ace of Busi	ness	2a. Mailir	28. Mailing Address				4.	FEI Number			A	pplied For
21			26					<u> </u>	22-3064389				lot Applicable
Suite, Apt. :	#, etc.		 -	Suite, Apt. #, etc.				6.	Certificate of Statu	us Desired			Additional
22			27	<u></u>				ļ					Required
City & State)		—¬ `	Cily & State					Election Campaig		_		May Be
23			~~~~	28				+	Trust Fund Contrib				to Fees
Zip	· ·			Ζ ηρ Country 30				This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
24	O Namo	25 Address of Curre	29	Agant	30				Name and Addre				A 140
9. Name and Address of Current Registered Agent SESSIONS, JERRY							Name				gistereu r	tgent_	
		ENNT EWOOD AVE., STE. 1	Λ4			81 Name SESSIONS, JERRY							
		ACH FL 32114	UI .			82	Street Addres	85 (P.	.O. Box inumber is	NOt Acceptat	le)		
J DA	TIUNA DE	AUN FE 32114				83	100	ω.	GRANADA	BAVD	s7e	107	
	•					83							
						84	City						Code
						Ш	ORMON		BEACH		FL		2174
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, typed or printed name of registered agent and title if approable (NOTE: Registered Agent signature required when reinstating) DATE													
12.	Signature, typec		ND DIRECTORS		13.	a Agen	II SIGNALA INCOME		ADDITIONS/CHANG	SES TO DEFIC		DIBECTO	RS IN 12
TITLE	DCP	0.770131071		DELETE	1.1 TI	TLE						Change	Addition
NAME	BLUECH	HER, HASSON VON			1.2 N	AME]						
STREET ADDRESS		RKRATH				ADDRESS							
CITY-ST-ZIP	GERMA	NY				ITY-ST	1						
TITLE	VP			DELETE	2.1 TI				···			Change	☐ Addition
NAME	ALEXAN	idroff, Eugene			2.2 N	AME							
STREET ADDRESS		STFIELD ROAD			235	TREET A	ADDRESS						
CITY-ST-ZIP	MOORE		2. 4 CITY - ST - ZIP			1							
TITLE			····	DELETE	3.1 T							Change	☐ Addition
NAME					3.2 N	AME							
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TITLE				DELETE	4.1 TI					······		Change	Addition
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CITY-ST-ZIP					- 1	ITY - ST	1						ļ
TITLE	-			DELETE	6.1 1							Change	Addition
NAME					6.2 N	AME							
STREET ADDRESS							ADDRESS						
					1								

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 changed, or on an attachment with an address.