SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT 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 JUN 16 AM 11:13

DOCUMENT # F93000003789 (5)

1. Corporation Name

CAMPBELL LABORATORIES, INC.

Principal Place of Business	Mailing Address
700 W. HILLSBORO BOULEVARD BLDG. 2, SUITE 201 DEERFIELD BEACH FL 33441 US	POST OFFICE BOX 639 DEERFIELD BEACH FL 33443-0639 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1993
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business (21): BLDG 2, SUITE 107 (ONLY CHANGE)
2a. Mailing Address (26):

Suite, Apt. #, etc (22):
Suite, Apt. #, etc (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 11-2227669 ☐ 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

9. Name and Address of Current Registered Agent

ZAHN, RICHARD C
700 W. HILLSBORO BLVD.
BLDG 2-201
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCPS	11 TITLE	DCP	☒ Change ☐ Addition
NAME	ZAHN, RICHARD C	12 NAME	HEIM, JOHN L	
STREET ADDRESS	1091 NE 17TH TERRACE	13 STREET ADDRESS	POB 639	
CITY-ST-ZIP	POMPANO BEACH FL 33062	14 CITY-ST-ZIP	DEERFIELD BEACH FL 33443	
TITLE	D	21 TITLE	V. SALES	☐ Change ☒ Addition
NAME	RAUSCH, G M	22 NAME	STORK, JAMES R	
STREET ADDRESS	315 E. 70TH ST. #28	23 STREET ADDRESS	2990 NE 16TH AVE #204C	
CITY-ST-ZIP	NEW YORK NY 10021	24 CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	D	31 TITLE	STr	☐ Change ☒ Addition
NAME	HEIM, JOHN L	32 NAME	MACLEAN, FREDERICK L	
STREET ADDRESS	436 W. 8TH ST.	33 STREET ADDRESS	2600 NE 14TH ST CAUSEWAY	
CITY-ST-ZIP	JASPEN IN 47546	34 CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: JOHN L. HEIM, PRESIDENT 6/13/95 305-570-9834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160000 FP