SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000002093 (2)**

1. Corporation Name
BIO-CHEM LABORATORY SYSTEMS, INC.

Principal Place of Business	Mailing Address
195 LEHIGH AVE LAKEWOOD NJ 08701	195 LEHIGH AVE LAKEWOOD NJ 08701

3. Date Incorporated or Qualified: **04/21/1994**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: **22-2432275** ☐ 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

J.B. GROSSMAN, P.A.
2300 E. LAS OLAS BLVD
FT LAUDERDALE FL 33301

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 individual & capacity of officer or director) (OFFICE, Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	TURPEN, JON D		12 NAME		
STREET ADDRESS	230 JUMPING BROOK DR		13 STREET ADDRESS		
CITY-ST-ZIP	TOMS RIVER NJ		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	FRANCHETTI, JOSEPH		22 NAME		
STREET ADDRESS	12677 SILICON DR		23 STREET ADDRESS	339 KINGS HWY E	
CITY-ST-ZIP	SAN ANTONIO TX		24 CITY-ST-ZIP	HADDONFIELD NJ 08033	
TITLE	P	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	CARBONARI, LARRY A		32 NAME		
STREET ADDRESS	1704 CHOIR CT		33 STREET ADDRESS		
CITY-ST-ZIP	TOMS RIVER NJ		34 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	TURPEN, SUSAN		42 NAME		
STREET ADDRESS	230 JUMPING BROOK DR		43 STREET ADDRESS		
CITY-ST-ZIP	TOMS RIVER NJ		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BLOOM, HENRY N.		52 NAME		
STREET ADDRESS	63 W. MAIN ST.		53 STREET ADDRESS		
CITY-ST-ZIP	FREEHOLD NJ		54 CITY-ST-ZIP		
TITLE	~~Director~~	☐ DELETE	61 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	~~John K. Lloyd~~		62 NAME	JOHN K. LLOYD	
STREET ADDRESS			63 STREET ADDRESS	2313 ORCHARD CREST BLVD.	
CITY-ST-ZIP			64 CITY-ST-ZIP	MANASQUAN NJ 08736	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan L. Turpen Vice Pres 6/6/96 908-364-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SUSAN TURPEN