

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # F94000002093 (2)

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



Principal Place of Business
185 LEHIGH AVE
LAKEWOOD NJ 08701

Mailing Address
185 LEHIGH AVE
LAKEWOOD NJ 08701-4555

3. Date Incorporated or Qualified
04/21/1994

3a. Date of Last Report
07/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22-2432275	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	
NAME	TURPEN, JON D	1.2 NAME	
STREET ADDRESS	230 JUMPING BROOK DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	TOMS RIVER NJ	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	FRANCHETTI, JOSEPH	2.2 NAME	
STREET ADDRESS	339 KINGS HWY E	2.3 STREET ADDRESS	
CITY - ST - ZIP	HADDONFIELD NJ	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	
NAME	CARBONARI, LARRY A	3.2 NAME	
STREET ADDRESS	1704 CHOIR CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	TOMS RIVER NJ	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	
NAME	TURPEN, SUSAN	4.2 NAME	
STREET ADDRESS	230 JUMPING BROOK DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	TOMS RIVER NJ	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	BLOOM, HENRY N.	5.2 NAME	
STREET ADDRESS	63 W. MAIN ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	FREEHOLD NJ	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	LLOYD, JOHN K.	6.2 NAME	
STREET ADDRESS	2313 ORCHARD CREST BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	MANASQUAN NJ	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN L. TURPEN

3/10/97 908-364-7600

Daytime Phone: #

0003724

CR2E034 (9/96)