

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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002093 (2)

1. Corporation Name

BIO-CHEM LABORATORY SYSTEMS, INC.

Principal Place of Business

195 LEHIGH AVE
LAKEWOOD NJ 08701

Mailing Address

195 LEHIGH AVE
LAKEWOOD NJ 08701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1994

4. FEI Number

22-2432275

Applied For

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 type for public use of report is required; if applicable)

(COPIES: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	TURPEN, JON D	
STREET ADDRESS	230 JUMPING BROOK DR	
CITY-ST-ZIP	TOMS RIVER NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCHETTI, JOSEPH	
STREET ADDRESS	339 KINGS HWY E	
CITY-ST-ZIP	HADDONFIELD NJ	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CARBONARI, LARRY A	
STREET ADDRESS	1704 CHOIR CT	
CITY-ST-ZIP	TOMS RIVER NJ	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TURPEN, SUSAN	
STREET ADDRESS	230 JUMPING BROOK DR	
CITY-ST-ZIP	TOMS RIVER NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOOM, HENRY N.	
STREET ADDRESS	63 W. MAIN ST.	
CITY-ST-ZIP	FREEHOLD NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LLOYD, JOHN K.	
STREET ADDRESS	2313 ORCHARD CREST BLVD	
CITY-ST-ZIP	MANASQUAN NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 executor 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 as an attachment with an address.

SIGNATURE:

[Signature]

[Signature]

CR2E034 (10/97)