FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002158 (3)**

1. Corporation Name

ALPINE AROMATICS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
51 ETHEL ROAD WEST PISCATAWAY NJ 08854	51 ETHEL ROAD WEST PISCATAWAY NJ 08854

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/26/1994** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: **22-1591002** ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 SOUTH PINE ISLAND ROAD** **PLANTATION FL 33324**	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 _____ DATE

Signature, typed or printed name of registered agent and the date of acceptance (NOTE: Registered Agent's signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CST	11 TITLE	☑ Change ☐ Addition
NAME	PANTALEONI, HEATH E	12 NAME	DELETE - THIS INDIVIDUAL IS NOW DECEASED
STREET ADDRESS	49 CAPE COURT	13 STREET ADDRESS	
CITY ST ZIP	METUCHEN NJ 08840	14 CITY ST ZIP	
TITLE	CP	21 TITLE	☐ Change ☐ Addition
NAME	YOREY, JOHN G	22 NAME	
STREET ADDRESS	1 GROUSE WAY	23 STREET ADDRESS	
CITY ST ZIP	NORTH BRUNSWICK NJ 08902	24 CITY ST ZIP	
TITLE	DAT	31 TITLE	CO-CHAIRMAN / TREASURER DIRECTOR ☑ Change ☐ Addition
NAME	BLECHINGER, FLAVIA	32 NAME	
STREET ADDRESS	3 CLYDESDALE ROAD	33 STREET ADDRESS	
CITY ST ZIP	SCOTCH PLAINS NJ 07076	34 CITY ST ZIP	
TITLE	DAS	41 TITLE	CO-CHAIRMAN / SECRETARY DIRECTOR ☑ Change ☐ Addition
NAME	WEIL, NINA	42 NAME	
STREET ADDRESS	1061 RAHWAY ROAD	43 STREET ADDRESS	
CITY ST ZIP	PLAINFIELD NJ 07060	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BLECHINGER, PETER	52 NAME	
STREET ADDRESS	3 CLYDESDALE ROAD	53 STREET ADDRESS	
CITY ST ZIP	SCOTCH PLAINS NJ 07076	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WEIL, WILLIAM	62 NAME	
STREET ADDRESS	1061 RAHWAY ROAD	63 STREET ADDRESS	
CITY ST ZIP	PLAINFIELD NJ 07060	64 CITY ST ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] JOHN G YOREY 4/11/95 908-572-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000011 FP