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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400002158 (3)

ALPINE AROMATICS INTERNATIONAL, INC.

Principal Place of Business Mailing Actor 51 ETHEL ROAD WEST 51 ETHEL R PISCATAWAY NJ 08854 PISCATAWAY					
<u> </u>				Date Incorporated or Qualified 04/26/1994	3a. Date of Last Report 04/08/1996
	lace of Business	28. Mailing Address		4. FET Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc		22-1591002	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	-1	Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intringible tax under s. 199.032, ☑ Yes □ No
241	9. Name and Address of Curren		1301	10, Name and Address of New Re	- -
CT (CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND ROAD			82 Street Add	dress (P.O. Box Number is Not Accepta	blo
PLANTATION FL 33324				areas (F.O. Dox Normoch is Not Note pla	
			83		
	•		84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Stati	ites, the above-paried co	rnoration submits this statement for the	FL 19 7 19 Gode
office or	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was	authorized by the corpora	rporation submits this statement for the ation's board of directors. Thereby acce	pt the appointment as registered
	im tarninar with, and accopt the obliga	nuons di, Secuoni 607.0505, F	ionua statutes.		
SIGNATURE	Signature, typed or printed name of registered age	of and title if appaciable. (NC	TI Registeren Agent signature reg	uinge when rejustating)	DATE
12.	• OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFI	
TITLE	PD COUNTY	LI DELFTE	1.1 7111.6		☐ Change ☐ Addition
NAME	YOREY, JOHN G 1 GROUSE WAY		1.2 NAME		
STREET ADDRESS	NORTH BRUNSWICK NJ		1.3 STREET ADDRÉSS		
CITY-ST-ZIP	CCID	DELETE	1.4 CHY ST-7IP 2.1 HTGF		Change Addition
NAME	BLECHINGER, FLAVIA	<u></u>	2 2 NAME		
STREET ADDRESS	3 CLYDESDALE ROAD		2 3 STREET ADDRESS		
CITY-ST-ZIP	SCOTCH PLAINS NJ		2 4 CITY-ST-7iP		
TITLE	CCSD	DELETE	31 111LE		Change Addition
NAME	WEIL, NINA		3.2 NAME		
STREET ADDRESS	1061 RAHWAY ROAD		3.3 STHEET ADDRESS		
CITY-ST-ZIP	PLAINFIELD NJ	DELETE	3.4. C(1 Y - S1 - ZIP		
TITLE	VPD BLECHINGER, PETER	☐ DELETE	4.13ITIE		☐ Change ☐ 'Addition
NAME STREET ADDRESS	3 CLYDESDALE ROAD		4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTCH PLAINS NJ		4.5 STREET ADDRESS		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	WEIL, WILLIAM		5.2 NAME		
STREET ADDRESS	1061 RAHWAY ROAD		5.3 STREET ADDRESS		,
CITY-ST-ZIP	PLAINFIELD NJ 07080		5.4.011Y+S1+7IP		
TITLE	VPD	DELETE	611111		☐ Change ☐ Addition
NAME	BARBARA F. BOWERS		6.2 NAME		
STREET ADDRESS	7 HOMESTEAD ROAD		6.3 STREET ADDRESS		

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 eath; that I am an efficer or director of the corporation of the provincer or justed 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 or a large mid-th-rail advess.

CICMATUDE:

SILL G YORRY PRES 4-25-97 90

908572560

FILED

May 14 1997 8:00am

Secretary of State