

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

FILED  
May 12 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 # F94000002158 (3)

1. Corporation Name

ALPINE AROMATICS INTERNATIONAL, INC.



Principal Place of Business 51 ETHEL ROAD WEST PISCATAWAY NJ 08854	Mailing Address 51 ETHEL ROAD WEST PISCATAWAY NJ 08854
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-1591002	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOREY, JOHN G	1.2 NAME	
STREET ADDRESS	1 GROUSE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BRUNSWICK NJ	1.4 CITY-ST-ZIP	
TITLE	CCTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLECHINGER, FLAVIA	2.2 NAME	
STREET ADDRESS	3 CLYDESDALE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTCH PLAINS NJ	2.4 CITY-ST-ZIP	
TITLE	CCSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIL, NINA	3.2 NAME	
STREET ADDRESS	1081 RAHWAY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINFIELD NJ	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLECHINGER, PETER	4.2 NAME	
STREET ADDRESS	3 CLYDESDALE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTCH PLAINS NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIL, WILLIAM	5.2 NAME	
STREET ADDRESS	1081 RAHWAY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINFIELD NJ 07060	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA F. BOWERS	6.2 NAME	
STREET ADDRESS	7 HOMESTEAD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	METUCHEN NJ	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 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 on application with an address.

SIGNATURE:

*[Signature]*

4/27/98 732 572 5600

CR2E034 (10/97)