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FILED
May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000006421 (9)

1. Corporation Name
ADVANCED CHEMICAL SENSOR, INC.



Principal Place of Business

34 BERT AVE.
WESTBURY NY 11590

Mailing Address

34 BERT AVE.
WESTBURY NY 11590-4102

2. Principal Place of Business

21 3201 N. DIXIE HWY

2a. Mailing Address

26 8227 SUMMERBROOK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BOCA RATON, FLORIDA

City & State

28 BOCA RATON, FLORIDA

Zip

24 33431

Country

25 U.S.

Zip

29 33467

Country

30 U.S.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

12/09/1996

3a. Date of Last Report

4. FEI Number

65-0697983

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTDC
NAME KELLERMANN, THOMAS
STREET ADDRESS 34 BERT AVE.
CITY-ST-ZIP WESTBURY NY 11590

☐ DELETE

TITLE VSD
NAME SCHULTZ, ALAN
STREET ADDRESS RT 28A
CITY-ST-ZIP SHOKAN NY 12481

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VMD
1.2 NAME MICHAEL A. SCHULB
1.3 STREET ADDRESS RD #2 BOX FF PHILLIPSBROOK RD.
1.4 CITY-ST-ZIP GARRISON, N.Y. 10524

☐ Change

☒ Addition

2.1 TITLE S.D.
2.2 NAME DANIEL KOOSI
2.3 STREET ADDRESS 2356 GARDEN ROAD - SUITE 301E
2.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33431

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: THOMAS J. KELLERMANN 4/23/97 561-338-3116

CR2E034 (9/96)