

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

95 MAY -1 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001478747
-05/08/95--01044--010
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J28783 (5)			
1. Corporation Name PRO FORMULA LABORATORIES, INC.			
Principal Place of Business 3462 N. UNIVERSITY DR. SUNRISE FL 33351-6722		Mailing Address 3462 N. UNIVERSITY DR. SUNRISE FL 33351-6722	
2. Principal Place of Business 21		2a. Mailing Address 26	
22 Suite Apt. #, etc.		27 Suite Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 County	29 Zip	30 County
9. Name and Address of Current Registered Agent COHN, LEONARD M 3462 N. UNIVERSITY DR. SUNRISE FL 33351-6722			
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 of Registered Agent (print name of registered agent and title, if applicable) (Print Name of Registered Agent (signature required when necessary)) (Signature)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE P NAME COHN, LEONARD M STREET ADDRESS 3462 N. UNIVERSITY DR. CITY, ST, ZIP SUNRISE FL 33351		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	☐ Change ☐ Addition
2 TITLE NAME STREET ADDRESS CITY, ST, ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	☐ Change ☐ Addition
3 TITLE NAME STREET ADDRESS CITY, ST, ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	☐ Change ☐ Addition
4 TITLE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	☐ Change ☐ Addition
5 TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	☐ Change ☐ Addition
6 TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	☐ Change ☐ Addition
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Leonard M. Cohn</i> 41-28-95 305-7416 9600			