

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L47132** (0)

1. Corporation Name

THOMSON CHROME LAB, INC.



Principal Place of Business

**C/O HOWARD THOMSON, JR.
4210 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

Mailing Address

**C/O HOWARD THOMSON, JR.
4210 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

2. Principal Place of Business

2a. Mailing Address

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26

State Apt. #, etc.

State Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

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9. Name and Address of Current Registered Agent

**THOMSON, HOWARD JR.
4210 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/29/1990

3a. Date of Last Report

01/13/1995

4. FET Number

65-0171987

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. 193.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to change the registered office or registered agent

Signature of Agent signing and accepting appointment

Date

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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