FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:14

DOCUMENT # N35205 (6)

1. Corporation Name

AMERICAN CHITOSCIENCE SOCIETY, INC.

Principal Place of Business	Mailing Address
C/O DR JOHN P ZIKAKIS 3430 GALT OCEAN DR STE 1402 FT LAUDERDALE FL 33308	C/O DR JOHN P ZIKAKIS 3430 GALT OCEAN DR STE 1402 FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1989
3a. Date of Last Report: 02/21/1994
4. FEI Number: 65-0155800 ☐ 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
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☒ **$68.75** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZIKAKIS, DR JOHN P
3430 GALT OCEAN DR
STE 1402
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	BRINE, CHARLES J. (DR)	1.2 NAME	
STREET ADDRESS	28 TEE AR PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BORAH, GREGORY D	2.2 NAME	
STREET ADDRESS	69 PRETTY BROOK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PARISER, E. RAY	3.2 NAME	
STREET ADDRESS	138 SCHOOL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELMONT MA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	SANDFORD, PAUL A	4.2 NAME	
STREET ADDRESS	2822 OVERLAND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	ZIKAKIS, JOHN J. (DR)	5.2 NAME	
STREET ADDRESS	3430 GALT OCEAN DR., #1402	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	HUDSON, SAMUEL M	6.2 NAME	
STREET ADDRESS	3205 MINOR RIDGE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John P. Zikakis John P. Zikakis 2/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0648669