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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33308-7048

3. Date Incorporated or Qualified: 11/13/1989
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KLOKKEVOLD, PERRY		6.2 NAME	
STREET ADDRESS	1210 OCEAN DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 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) 4/25/97 954-565-1262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0034372