## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P18414 1. Corporation Name

REFRON, INC.

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90036 021 \*\*\*150.00



		x.						
Principal Place of Business Mailing Address							11 <b>8</b> 11 <b>0</b> 101† 0101† 0101 0	1 <b>6</b> 14 81841 1 <b>9</b> 85
38-18 33RD STREET 38-18 33RD STREET							•	
LONG ISLAND CITY NY 11101 LONG ISLAND CITY NY 11		01						
						DO NOT WRITE IN	THIS SPACE	•
						3. Date Incorporated or Qualifed		-
	,	On Maillian Address				03/14/1988 4. FEI Number		-U
— . ·	Place of Business	2a. Mailing Address				**	<u> </u>	plied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				11-1791145	\$8.75 A	t Applicable
	. #, etc.	27		5. Certifcate of Status Desired	Fee Re			
22 City & Stat	te	City & State		6. Election Campaign Financing	\$5.00			
23		28		Trust Fund Contribution	Added to			
Zip	Country	Zip	Cour	ntry	·	8. This corporation owes the current year		
24	25		30	•		Personal Property Tax.	☐ Yes	XV0 .
<del></del>	9. Name and Address of Current					10. Name and Address of New Registe	ered Agent	
				81	Name			
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			-	82	Street Addre	t Address (P.O. Box Number is Not Acceptable)		
	1 HAYS STREET				Oli Col Madic	as (1.6. box rumber to riot riocopiasio)	194 4 8 8	
	TE 105 ·		.	83				
TAL	LAHASSEE FL 32301		-	84	City		85 Zip C	`odo
			84 City				FL	ode
.11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the ab	oove-	named corpo	pration submits this statement for the purpos	e of changing its	registered
agent. I a	registered agent, or both, in the State c am familiar with, and accept the obligati	of Florida: Such change was autions of, Section 607.0505, Florid	tnorizea da Statu	ı by tr ıtes.	ne corporatio	n's board of directors. I hereby accept the a	ppointment as reg	Jistered
SIGNATURE	•					-		
OIOIM OIL	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered	Agent s	signature required	when reins(ating) DAT		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER		
TITLE ·	PD	☐ DELETE	1.1 TIT				Change	☐ Addition
NAME	'KESTENBAUM, JAY J.		1.2 NA	ME				
STREET ADDRESS			1.3 STI	REETA	ADDRESS			
CITY-ST-ZIP	LAWRENCE NY			Y-ST-	ZIP	4		
TITLE	SD	☐ DELETE	2.1 TIT				( )	☐ Addition
NAME	KESTENBAUM, GERALD		2.2 NA				Change	
STREET ADDRESS				ME			☐ Change	
CITY-ST-ZIP	NEW YORK CITY NY	•			ADDRESS		☐ Change	
THILE			2.3 STI 2. 4 CI	REET A		11.40		
NAME:		□ DELETE	2.3 STI 2. 4 CT 3.1 TIT	REET A TY-ST- LE			☐ Change	Addition
STREET ADDRESS		DELETE	2.3 STI 2. 4 CI 3.1 TIT 3.2 NA	REET A TY-ST- LE ME	-ZIP			Addition
CITY-ST-ZIP.	AND TO THE TOWN TO SERVICE TO SER	DELETE	2.3 STI 2.4 Cf 3.1 TIT 3.2 NA 3.3 STI	REET A TY-ST- LE ME REET A	ADDRESS			Addition
	ANTERIOR DE LA COMPANION DE LA	SATE AT LATE	2.3 STI 2. 4 CF 3.1 TIT 3.2 NA 3.3 STI 3.4. CF	REET A TY-ST- LE ME REET A TY-ST-	ADDRESS		☐ Change	
TITLE		☐ DELETE	2.3 STI 2.4 Cf 3.1 TITI 3.2 NAI 3.3 STI 3.4. Cf 4.1 TITI	REET A TY-ST- LE ME REET A TY-ST- LE	ADDRESS			Addition
NAME		SATE AT LATE	2.3 STI 2. 4 CF 3.1 TIT 3.2 NA 3.3 STI 3.4. CF 4.1 TIT 4. 2 NA	REET A TY-ST- LE ME REET A TY-ST- LE	- ZIP - NODRESS - ZIP		☐ Change	
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NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 STI 2.4 CF 3.1 TIT 3.2 NAI 3.3 STI 3.4 CF 4.1 TIT 4.2 NAI 4.3 STI 4.4 CF	REET A TY-ST- LE ME REET A TY-ST- LE ME REET A	ADDRESS ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		SATE AT LATE	2.3 STI 2.4 CF 3.1 TIT 3.2 NAI 3.3 STI 3.4 CF 4.1 TIT 4.2 NAI 4.3 STI 4.4 CF 5.1 TIT	REET A TY-ST- LE ME TY-ST- LE WE REET A TY-ST- LE REET A	ADDRESS ADDRESS		☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 STI 2.4 CT 3.1 TIT 3.2 NAI 3.3 STI 3.4 CT 4.1 TIT 4.2 NAI 4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI	REET A TY-ST- LE ME REET A TY-ST- LE AME REET A TY-ST- LE ME	ADDRESS ADDRESS ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 STI 2.4 CT 3.1 TIT 3.2 NAI 3.3 STI 4.1 TIT 4.2 NAI 4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STI	REET A TY-ST- LE REET A TY-ST- LE REET A TY-ST- LE REET A REET A	ADDRESS ADDRESS ZIP ADDRESS ZIP		☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 STI 2.4 CT 3.1 TIT 3.2 NAI 3.3 STI 4.1 TIT 4.2 NAI 4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STI	REET A TY-ST- LE ME REET A TY-ST- LE AME REET A TY-ST- LE ME REET A TY-ST- LE ME REET A	ADDRESS ADDRESS ZIP ADDRESS ZIP		☐ Change	☐ Addition

14. I hereby certify that the information supplied with this fifing 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 agricular 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 of trusted 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP