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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P22671 (2)

1. Corporation Name

CHEM LAB PRODUCTS, INCORPORATED



Principal Place of Business

5160 E. AIRPORT DR.
ONTARIO CA 91761-4611

Mailing Address

300 E. 2ND ST.
1310
RENO NV 89501
US

3. Date Incorporated or Qualified

01/23/1989

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 300 E. 2nd Street

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Reno NV

29 City & State

25 Zip Country

30 Zip Country

26 89501-1510 25 USA

9. Name and Address of Current Registered Agent

CHRISTENSEN, DAVID
1818 SE 32 LANE
BELLEVIEW FL 32671

10. Name and Address of New Registered Agent

81 Name DAVID Christensen
82 Street Address (P.O. Box Number is Not Acceptable)
83 8410 S.E. 7th AVE Road
(ADDRESS CHANGE ONLY)
84 City OCALA FL 85 Zip Code 34480

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|----------------------|----------------------|-----------------------|--------------------------|
| PD | CORNETT, JEFF | 2395 CATAMARAN DR. | RENO NV | <input type="checkbox"/> |
| VD | CHRISTENSEN, DAVID | 1818 SE 32 LANE | OCALA FL | <input type="checkbox"/> |
| SD | SCHONK, DEBRA | 405 RIVER BEND DR. | RENO NV | <input type="checkbox"/> |
| VD | CHRISTENSEN, JOHN A. | 2909 WILDERNESS CIR. | CORONA CA | <input type="checkbox"/> |
| DT | CHISTENSEN, JOY A. | 8818 CLUB HOUSE DR | DESERT HOT SPRINGS CA | <input type="checkbox"/> |
| DV | ZILER, LAUREN | 3951 REGAL DR. | RENO NV | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|-------------------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

8410 S.E. 7th AVE ROAD
OCALA, FL 34480

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corp. Secty 2-2-96 329-7595
702
X229

CR2E034 (12/95)