

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

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

Mailing Address

5160 E. AIRPORT DR.
ONTARIO CA 91761-4611

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.

Suite, Apt. #, etc.

22 **1310**

27

City & State

City & State

23 **Reno NV**

28

Zip

Country

Zip

Country

24 **89501-1510**

25

USA

29

30

4. FEI Number

95-2013542

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

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)
8410 S.E. 7th AVE ROAD
(ADDRESS CHANGE ONLY)
83
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	PD	<input type="checkbox"/> DELETE
NAME	CORNETT, JEFF	
STREET ADDRESS	2395 CATAMARAN DR.	
CITY- ST- ZIP	RENO NV	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, DAVID	
STREET ADDRESS	1818 SE 32 LANE	
CITY- ST- ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHONK, DEBRA	
STREET ADDRESS	405 RIVER BEND DR.	
CITY- ST- ZIP	RENO NV	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, JOHN A.	
STREET ADDRESS	2909 WILDERNESS CIR.	
CITY- ST- ZIP	CORONA CA	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, JOY A.	
STREET ADDRESS	8818 CLUB HOUSE DR	
CITY- ST- ZIP	DESERT HOT SPRINGS CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ZILER, LAUREN	
STREET ADDRESS	3951 REGAL DR.	
CITY- ST- ZIP	RENO NV	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8410 S.E. 7th AVE ROAD
2.4 CITY- ST- ZIP	OCALA, FL 34480
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: *Debra Schonk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corp. Secty 2-2-96 329-7595
DATE: *2-2-96*
DAYTIME PHONE: *329-7595*

CR2E034 (12/95)