

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90206 040 ***150.00

DOCUMENT # P28305

1. Corporation Name

TWIN LABORATORIES INC.



Principal Place of Business

2120 SMITHTOWN AVE.
RONKONKOMA NY 11779

Mailing Address

2120 SMITHTOWN AVE.
RONKONKOMA NY 11779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

~~02/23/1990~~ 5/7/96

4. FEI Number

87-0467271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 150 Motor Parkway

Suite, Apt. #, etc.

23 City & State

27 City & State

28 Hauppauge, NY

24 Zip Country

29 11708 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 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	EVP	<input type="checkbox"/> DELETE
NAME	BLECHMAN, DEAN	
STREET ADDRESS	2120 SMITHTOWN AVE.	
CITY-ST-ZIP	RONKONKOMA NY	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BLECHMAN, NEIL	
STREET ADDRESS	2120 SMITHTOWN AVE.	
CITY-ST-ZIP	RONKONKOMA NY	
TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	BLECHMAN, ROSS	
STREET ADDRESS	2120 SMITHTOWN AVE.	
CITY-ST-ZIP	RONKONKOMA NY	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BLECHMAN, BRIAN	
STREET ADDRESS	2120 SMITHTOWN AVE.	
CITY-ST-ZIP	RONKONKOMA NY	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BLECHMAN, STEVE	
STREET ADDRESS	2120 SMITHTOWN AVE.	
CITY-ST-ZIP	RONKONKOMA NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 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.

SIGNATURE: Brian Blechman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

Date

Daytime Phone #

CR2E034 (1/98)