

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 # **P31826 (1)**

1. Corporation Name
T/F PURIFINER, INC.



Principal Place of Business: **3020 HIGH RIDGE RD STE 100 BOYNTON BCH FL 33426 US**
Mailing Address: **3020 HIGH RIDGE RD STE 100 BOYNTON BCH FL 33426 US**

3. Date Incorporated or Qualified: **11/19/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **14-1708544**
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

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

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

9. Name and Address of Current Registered Agent

**FORD, RICHARD C.
14402 CYPRESS ISLAND CT.
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81. Name: **Richard C. Ford**
82. Street Address (P.O. Box Number is Not Acceptable): **41 Grand Bay Circle**
83.
84. City: **Juno Beach** FL 85. Zip Code: **33408**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 of typed or printed name of registered agent and the filer

(NAME) Registered Agent's name, to which will refer this

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	FORD, RICHARD C.	
STREET ADDRESS	14402 CYPRESS ISLAND CT.	
CITY - ST - ZIP	PALM BCH GARDENS FL	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	FREEDMAN, LARRY	
STREET ADDRESS	3020 HIGH RIDGE ROAD STE. 100	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FORD, RICK	
STREET ADDRESS	3020 HIGH RIDGE ROAD, STE 100	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEFEBVRE, BYRON	
STREET ADDRESS	3020 HIGH RIDGE ROAD, STE. 100	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/D/T/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ford, Richard C	
1.3 STREET ADDRESS	41 Grand Bay Circle	
1.4 CITY - ST - ZIP	Juno Beach, FL 33408	
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 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: *Richard C. Ford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96

407-547-9499

CR2E034 (12/95)