

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90025 037 ***150.00

DOCUMENT # P93000053884

1. Corporation Name

BSG LABORATORIES, INC.

Principal Place of Business

638 HARRISON AVE
3RD FLOOR
PANAMA CITY FL 32401
US

Mailing Address

638 HARRISON AVE
3RD FLOOR
PANAMA CITY FL 32401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1993

4. FEI Number

59-3199733

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 owes the current year Intangible
Personal Property Tax. ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDFARB, GARRY
3508 EDINBURGH DRIVE
PRICE FL 32571

Spelling

81 Name GOLDFARB, BARRY

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GOLDFARB, BARRY
STREET ADDRESS 3508 EDINBURGH DR
CITY-ST-ZIP PRICE FL 32571

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

3508 Edinburgh Dr.

TITLE D
NAME GOLDFARB, MYRA
STREET ADDRESS 3508 EDINBURGH DR
CITY-ST-ZIP PRICE FL 32571

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3508 Edinburgh Dr.

TITLE SD
NAME KALAHAR, RICHARD A
STREET ADDRESS ONE CENTENNIAL AVE
CITY-ST-ZIP PISCATAWAY NJ

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME JACOBS, RICHARD O
STREET ADDRESS 638 HARRISON AVE
CITY-ST-ZIP PANAMA CITY FL 32401

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AS
NAME FALLON, BETTY S
STREET ADDRESS 638 HARRISON AVE
CITY-ST-ZIP PANAMA CITY FL 32401

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME KAMPOURIS, EMMANUEL A
STREET ADDRESS 638 HARRISON AVE
CITY-ST-ZIP PANAMA CITY FL 32401

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

One Centennial Ave.
PISCATAWAY, NJ 08855

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

Date

Daytime Phone #

CR2E034 (11/98)