FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

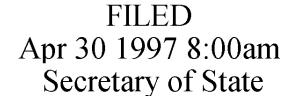
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000019454 (5)

BELMAC HYGIENE, INC.





Principal Place of Business Mailing Address								
ONE URBAN CENTRE ONE URBAN CENTRE								
4830 W. KENNEDY			4830 W. KENNEDY BLVD., SUITE 550					
TAMPA FL 33607-2	517	TAMPA FL 33609-2562						
					3. Date Incorpora 03/14/1994	ted or Qualified	3a. Date of Last 04/24/1996	Report
Principal Place of Business 21		2a. Mailing Address	26		4. FEI Number 59-3236373			Applied For
		26						Not Applicable
Suite, Apt. #, elc/		Suite, Apt. #, etc			5. Certificate of Status Desired		¥	Additional
22	1c.578	27 572	140					Required
City & State		City & State			6. Election Campa			O May Be
23		28	l Caustini		Trust Fund Con			d to Fees
Zip	Country	Zip	Country		8. This corporation Florida Statutes		ntangible 11 under Yes 21 No	s. 199.032,
24	25 Name and Address of Cu	29 	30		10. Name and Ad			
	MICHAEL D.	Trong to Grand Frage 11	B1	Name	10.			
4830 W KENNEDY BLVD.								
SUITE 550				82 Street Address (P.O. Box Number is Not Acceptable)				
TAMPA PL 33609					$-\sim$ / $-$	(71 B)		
IAMEA	1 C 00008		83		Ste	398		
			84	City			FL 85 Zi	p Code
	10.1	OF 00 CO7 4500 Marida Dra	t dee the about	namad sar	noration aubmits this s	latament for the p	reces of changing	ite registered
office or regis	ne provisions at Sections 607 stered agent or both, in the S	.0502 and 607.1508, Florida Sta State of Florida. Such change wa obligations of Section 607.0505,	as authorized by	the corpora	ation's board of director	s. I hereby accep	of the appointment	as registered
agent. I am f	amiliar with and accept the c	obligations , Section 607.0505,	Florida Statutes.	. / .	A a un		1.16	
SIGNATURE	nnerg	US,/1	M.CH		MAG VP, C	70 S	(((/\7)	
12.	alus — ned or printed name of registere	ed agent and tille it explicable. (I S AND DIRECTORS	NOTE: Registered Agen	a signature redu		NGES TO OFFIC	ERS AND DIRECTO	ORS IN 12
TILLE TV	'SDI	DELETE	1.1 TITLE	- T	7,0011101107011		☐ Chang	
10	PRICE, MICHAEL D		1.2 NAME		- 1	- 11		
A	830 W. KENNEDY BLVD.,	SUITE 550	1.3 STREET	annarec	(/	CIB		
SIRCE I ADDRESS	'AMPA FL		1.4 CITY-ST			310		
C114 - 51 - Z0' 1	D Or	DELETE	2.1 TITLE	-217	·		Chano	e Addition
	STOTE, ROBERT M.		2.2 NAME		~/	- 4 10		
MAINSE A	830 W KENNEDY BLVD.	#550	2.3 STREET	Annecc	de	TU G		
a ince i Appine a a	AMPA FL		2.4 CITY-S		0442	310		
CITY-ST-ZIP		DELETE	3.1 TITLE	I - ZIF			Chang	e Addition
	MURPHY, JAMES R.	Outert	3,2 NAME		. /	_ / _ /		
INJANGE A	830 W KENNEDY BLVD.	# 550	3.3 STREET	ADDRESS	(Le	(Y &		
STREET ADDRESS	AMPA FL		3.4. CITY-S	1	3,0	5,0		
City-ST-ZiP Title		DELETE	4.1 TITLE	1-7ft	 		Chang	e Addition
NAME			4. 2 NAME				<u></u> =	
			4.3 STREET	ADDRIESS				
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	- CIF			Chang	e Addition
		- Patrix	5.2 NAME					
NAME Cross Laborage			5.3 STREET	ADDRESS				
STREET ADORESS				1				
CHY-ST-ZIP		☐ DELETE	5.4 CITY - ST 6.1 TITLE	.+ £IP	····		☐ Chang	e Addition
TIME			6.2 NAME					to the same of the
NAME				*000000				
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP	cortify that the information co-	notied with this filing does not a	6.4 City-St		ed in Section 119 07/3)	(i) Florida Statute	s. I further certify th	nat the

Interest yearing may be minimated supplied with this limits does not quality for the exemption stated in section 1.19.0 (5)(0), Florida statudes. Higher 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, one an attachment with an address.

SIGNATURE:

Victor A. PAG VP, CPD 3/1/97