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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000023914 (1)

1. Corporation Name
MULTI CHEM LABORATORIES, INC.



Principal Place of Business Mailing Address
% 800 N. FEDERAL HWY., SUITE 480 BOCA RATON FL 33432

3. Date Incorporated or Qualified **03/24/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
 21 S 26 Suite Apt # etc
 22 **1020 NW 6th St, Bldg H&I** 27 **1020 NW 6th St, Bldg H&I**
 C **Deerfield Beach, FL 33442** 28 **Deerfield Beach, FL 33442**
 23 Zip Country 29 Zip Country
 24 25 29 30

4. FEI Number **65-0594293** 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
GOODMAN, STEPHEN M
900 N. FEDERAL HWY., SUITE 480
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **1020 NW 6th St, Bldg H&I**
 84 City **Deerfield Beach, FL 33442** 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 *Stephen M. Goodman* Stephen M. Goodman **4/30/97**
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 | P <input checked="" type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLANGELO, VINCENT | 12 NAME | |
| STREET ADDRESS | 79 EAST VIEW DRIVE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | VALHALLA NY | 14 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 21 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLANGELO, STEPHEN | 22 NAME | |
| STREET ADDRESS | 4882 ROTHSCHILD DRIVE | 23 STREET ADDRESS | 1020 NW 6th St, Bldg H&I |
| CITY-ST-ZIP | CORAL SPRINGS FL | 24 CITY-ST-ZIP | Deerfield Beach, FL 33442 |
| TITLE | S <input type="checkbox"/> DELETE | 31 TITLE | ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANCUSO, JOY | 32 NAME | MANCUSO, JOY |
| STREET ADDRESS | 468 SE 11TH TERRACE | 33 STREET ADDRESS | 1020 NW 6th St, Bldg H&I |
| CITY-ST-ZIP | DANIA FL | 34 CITY-ST-ZIP | Deerfield Beach, FL 33442 |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALLMAN, LYNN | 4.2 NAME | |
| STREET ADDRESS | 4882 ROTHSCHILD DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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

SIGNATURE *Stephen M. Goodman* **4/30/97 1-800-994-2660**

CR2E034 (9/96)