

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P95000023914 (1)

1. Corporation Name
MULTI CHEM LABORATORIES, INC.



Principal Place of Business

% 800 N. FEDERAL HWY., SUITE 480
BOCA RATON FL 33432

Mailing Address

% 800 N. FEDERAL HWY., SUITE 480
BOCA RATON FL 33432

2. Principal Place of Business

21 S
22 1020 NW 6th St, Bldg H&I
23 Deerfield Beach, FL 33442

24 Zip Country

2a. Mailing Address

26 Suite Apt # etc
27 1020 NW 6th St, Bldg H&I
28 Deerfield Beach, FL 33442

29 Zip Country

9. Name and Address of Current Registered Agent

GOODMAN, STEPHEN M
900 N. FEDERAL HWY., SUITE 480
BOCA RATON FL 33432

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

3. Date Incorporated or Qualified

03/24/1995

3a. Date of Last Report

05/01/1996

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

10. Name and Address of New Registered Agent

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

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

TITLE P
NAME COLANGELO, VINCENT
STREET ADDRESS 79 EAST VIEW DRIVE
CITY-ST-ZIP VALHALLA NY

☒ DELETE

TITLE V
NAME COLANGELO, STEPHEN
STREET ADDRESS 4882 ROTHSCHILD DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE S
NAME MANCUSO, JOY
STREET ADDRESS 468 SE 11TH TERRACE
CITY-ST-ZIP DANIA FL

☐ DELETE

TITLE T
NAME FALLMAN, LYNN
STREET ADDRESS 4882 ROTHSCHILD DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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

SIGNATURE REQUIRED

4/30/97 1-800-994-2660

CR2E034 (9/96)