

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

FILED

Apr 30 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 # P96000011267 (7)

1. Corporation Name
BIOCHEM TECHNOLOGIES, INC.



Principal Place of Business
C/O ATLANTIC FILTER CORPORATION
3112 45TH ST.
WEST PALM BEACH FL 33407

Mailing Address
C/O ATLANTIC FILTER CORPORATION
3112 45TH ST.
WEST PALM BEACH FL 33407-1916

3. Date Incorporated or Qualified 01/29/1996	3a. Date of Last Report
4. FEI Number 65-064661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

THIBADEAU, PAUL
324 ROYAL PALM WAY, STE. 201
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, RONALD C	1.2 NAME	
STREET ADDRESS	301 NE 2ND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERER, JAMES F	2.2 NAME	
STREET ADDRESS	11644 LANDING PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAKEM, JAMES W II	3.2 NAME	
STREET ADDRESS	855 COUNTRY CLUB DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDRICA, ROBERT G	4.2 NAME	
STREET ADDRESS	11644 LANDING PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLINGTON, GEORGE S JR.	5.2 NAME	
STREET ADDRESS	2304 OXFORD CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	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 officer 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

James W. Wakem 4/16/97 (561) 683-0101

CR2E034 (9/96)