

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

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Mar 06 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 # P96000048847 (3)

1. Corporation Name  
LUBRI-SCIENCE, INC.



Principal Place of Business: 8327 VOLUSIA PL TAMPA FL 33637  
Mailing Address: 8327 VOLUSIA PL TAMPA FL 33637-7914

3. Date Incorporated or Qualified: 06/04/1996  
3a. Date of Last Report

2. Principal Place of Business: 6604 CALYPSO COURT  
2a. Mailing Address

4. FEI Number: 59-3380826  
Applied For: Not Applicable

21. Suite, Apt. #, etc.  
22. City & State: TAMPA FL

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23. City & State: TAMPA FL

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. Zip: 33637  
25. Country: Hillsborough  
29. Zip  
30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOURDON, FRANCOIS  
8327 VOLUSIA PL  
TAMPA FL 33637

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): 6604 CALYPSO COURT  
83.  
84. City: TAMPA FL  
85. Zip Code: 33637

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: Francis Bourdon  
Signature, typed or printed name of registered agent and title if applicable  
FRANCOIS BOURDON  
(NOTE: Registered Agent signature required when reinstating)  
1-13-97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BOURDON, FRANCOIS	
STREET ADDRESS	8327 VOLUSIA PL	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RIVARD, JACQUES	
STREET ADDRESS	8327 VOLUSIA PL	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BOURDON, FRANCE	
STREET ADDRESS	8327 VOLUSIA PL	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	BOURDON, AMELIE	
STREET ADDRESS	8327 VOLUSIA PL	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Francis Bourdon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
FRANCOIS BOURDON President & Director 1-13-97  
Date  
Daytime Phone #

CR2E034 (9/96)