

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT**



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

~~1995~~ 1996

DOCUMENT # V33794 (1)
1. Corporation Name
FERMENTATION PRODUCTS INTERNATIONAL CORP.

Principal Place of Business: **19391 Chapel Creek Dr. BOCA RATON FL 33434**
Mailing Address: **19391 Chapel Creek Drive BOCA RATON FL 33434 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/04/1992	3a. Date of Last Report 03/14/1994
21. 19391 Chapel Creek drive	26. 19391 Chapel Creek drive			4. FEI Number 13-3346912	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Boca Raton, FL	28. Boca Raton, FL			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. 33434	25. USA	29. 33434	30. USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, STANLEY **19391 - Chapel Creek Dr.**
6742 WOODBRIDGE DR
BOCA RATON FL 33434

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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: *Stanley Schwartz* DATE: **2/14/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. SCHANBACK, MARTIN P	1.2 NAME	
STREET ADDRESS	40 WINDSOR DRIVE ONE MEADOW LAKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STANFORD CT 06905	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, LAWRENCE	2.2 NAME	
STREET ADDRESS	248 HYPATH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLD BETHPAGE NY 11804	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Martin P. Schanback*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/16/96**

Daytime Phone #

CR2E034 (3/95)