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Secretary of State

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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V33794**

1. Corporation Name

FERMENTATION PRODUCTS INTERNATIONAL CORP.

Principal Place of Business Mailing Address 19391 CHAPEL CREEK DRIVE 19391 CHAPEL CREEK DRIVE BOCA RATON FL. 33434-1816 **BOCA RATON FL 33434-1816** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/04/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 13-3346912 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5 Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees 23 28 Trust Fund Contribution Zip Zip Country 8. This corporation owes the current year Intangible ΣdNo 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHWARTZ, STANLEY 19391 CHAPEL CREEK DR S DEFREAT OF S COOPE. 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 83 84 City Zip Codé 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ☐ DELETE TITLE 1.1 TITLE Change

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Addition SCHANBACK, MARTIN P NAME 1.2 NAME ONE MEGAN LN STREET ADDRESS 1.3 STREET ADDRESS STAMFORD CT 06905 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE SCHWARTZ, LAWRENCE NAME 2.2 NAME 248 HYPATH ROAD STREET ADDRESS 2.3 STREET ADDRESS **OLD BETHPAGE NY 11804** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition 3.2 NAME 的复数的复数 经特别的 STREET ADDRESS 3.3 STREET ADDRESS ABSTORE THE CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE NAME 4.2 NAME KET IN 125 57 no agai STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITI F 5.1 TITLE Change Addition NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE TITLE ☐ Change ACCOUNT 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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 trusted 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

CR2E034 (