

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

FILED
Jul 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V51273
1. Corporation Name

Farchan Laboratories, Inc.

Principal Place of Business	Mailing Address
2603 NW 74th Place Gainesville, FL 32653	2603 NW 74th Place Gainesville, FL 32653

3. Date Incorporated or Qualified 07/16/92	3a. Date of Last Report 04/30/96
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2. Principal Place of Business	2a. Mailing Address	4. FLI Number 59-3134882	Applied for Not Applicable
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

Cochran, John
2603 NW 74th Place
Gainesville, FL 32653

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	1.2 NAME	
STREET ADDRESS	Cochran, John	1.3 STREET ADDRESS	
CITY-ST-ZIP	2603 NW 74th Place	1.4 CITY-ST-ZIP	
TITLE	Gainesville, FL 32653 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oakey, Volker G	3.2 NAME	
STREET ADDRESS	213 SW Columbia Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Bend OR 97702	3.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott D. Bruce	4.2 NAME	
STREET ADDRESS	2603 NW 74th Place	4.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32653	4.4 CITY-ST-ZIP	
TITLE	VP/T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Katz	5.2 NAME	
STREET ADDRESS	213 SW Columbia Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Bend OR 97702	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Yeretzian	6.2 NAME	
STREET ADDRESS	2603 NW 74th Place	6.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32653	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: _____ 7/7/97 352-378-5864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)