

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **348376** (5)

1. Corporation Name
QUALITY CHEMICAL CO

Principal Place of Business Mailing Address
C/O LYNN STONE **C/O LYNN STONE**
1835 N.E. 144 STREET **1835 N.E. 144 STREET**
N. MIAMI FL 33181 **N. MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/24/1969	3a. Date of Last Report 04/20/1994
4. FEI Number 59-1277843	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STONE, LYNN 1835 N.E. 144TH STREET NORTH MIAMI FL 33181		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, LYNN	1.2 NAME	
STREET ADDRESS	1835 NE 144TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANWEILER, JOHN R	2.2 NAME	MANWEILER, JOHN R
STREET ADDRESS	1835 NE 144TH ST.	2.3 STREET ADDRESS	1835 N.E. 144 ST
CITY - ST - ZIP	NORTH MIAMI FL	2.4 CITY - ST - ZIP	NO MIAMI FL
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, RHETA	3.2 NAME	
STREET ADDRESS	1835 NE 144TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPENHEIM, STEVE	4.2 NAME	
STREET ADDRESS	1835 NE 144TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL	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 110.07(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 in an attachment with an address.

SIGNATURE: *Lynn Stone* 1-31-95 305 9442137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #