

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 671708 1. Corporation Name

SOUTH CHEMICAL CO., INC.

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90176 011 ***150.00



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Principal Place	e of Business	Mailing	Mailing Address				r iddied dient indust tible fan	114 48 181 1811 81811	81811 BIBIT BIBIT B		
7535 GARDEN F		7535 GAI	7535 GARDEN RD								
P.O. BOX 10603		P.O. BOX	P.O. BOX 10603								
RIVIERA BCH FL 33404 RIVIERA BCH FL 33404							DO NOT WRITE IN THIS SPACE				ı
	: .						3. Date Incorporated or Quali 05/30/1980	Ted	···		
2. Principal Pl	lace of Business	2a. Mail	2a. Mailing Address				4. FEI Number	4	<u> </u>	plied For	
21		26					59-2002558			t Applicable	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				5. Certifcate of Status Desire	d 🗇	\$8.75		
22		27					0.		Fee Re	<u> </u>	ļ
City & State	e	City	City & State				6. Election Campaign Financ	ing 📑	\$5.00		
23		28					Trust Fund Contribution		Added t	o rees	}
Zip	Country		Zip Cou				8. This corporation owes the	current year Ir	ntangible ☑ Yes	□No	
24		29		30	1		Personal Property Tax. 10. Name and Address of No.	uu Baaistaras			1
	9. Name and Address of Curr	ent Registered	Agent		81	Name	10. Name and Address of No	w Kegisteret	ı Ağenr		1
ΔROI	NOFF, LARRY				"	Name					
	BEAR ISLAND DRIVE					Street Ad	ddress (P.O. Box Number is Not Acceptable)				
	T PALM BEACH FL 33409										1
1123	TALII DEACH TE 00400				83						
					84	City		FI	85 -Zip (Code]
					ĻĻ		and a series as hereits this statement for		f changing its	ranistered	}
office or re	egistered agent, or both, in the Sta	te of Florida. Su	ich change was at	ıtnorized	a by ti	ne corpora	prporation submits this statement for ation's board of directors. I hereby a	ccept the appo	ointment as re	gistered	1
agent. I a	m familiar with, and accept the obli	gations of, Sect	tion 607.0505, Flor	ida Statu	utes.	•					
SIGNATURE											\
								MATE			
	Signature, typed or printed name of registered a				i Agent	signature requ	ured when reinstating)	DATE OFFICERS A	ND DIRECTO	RS IN 12	8
12.	OFFICERS A	agent and title if applic AND DIRECTO	RS	13.		signature requ	ured when reinstating) ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12 ☐ Addition	11/08)
12. Τπιε	OFFICERS A			13.	TLE	signature requ					4 (11/98)
12. TITLE NAME	OFFICERS A ARONOFF, LARRY		RS	13. 1.1 TII 1.2 NA	TLE AME						
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12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	S ARONOFF, LARRY 7535 GARDEN RD RIVIERA BCH FL		RS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	TLE AME TREET A	ADORESS					
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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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

ARONOFF

4/16/99 561-848-5406

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR