

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 821392 (8)**  
1. Corporation Name  
**PVS CHEMICALS, INC. (FLORIDA)**



Principal Place of Business: **10900 HARPER AVE DETROIT MI 48213**  
Mailing Address: **10900 HARPER AVE DETROIT MI 48213**

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

3. Date Incorporated or Qualified: **04/30/1968**  
3a. Date of Last Report: **04/12/1995**  
4. FET Number: **38-1226669** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **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 is required when incorporation) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NICHOLSON, JAMES B.	
STREET ADDRESS	222 CLOVERLY	
CITY-STATE-ZIP	GROSSE POINTE FARM MI	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	HARRISON, DONALD G.	
STREET ADDRESS	400 RENAISSANCE CTR 1900	
CITY-STATE-ZIP	DETROIT MI	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SOSNOSKI, DONALD R.	
STREET ADDRESS	3595 BELLOWS COURT	
CITY-STATE-ZIP	TROY MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHLUMBERGER, ALLAN A.	
STREET ADDRESS	8639 EDGEWOOD PARK DRIVE	
CITY-STATE-ZIP	COMMERCE MI 48382	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TAUB, JONATHAN, S	
STREET ADDRESS	24207 FAIRMOUNT	
CITY-STATE-ZIP	DEARBORN MI 48124	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OLSON, ROBERT G.	
STREET ADDRESS	31572 MAYFAIR	
CITY-STATE-ZIP	BIRMINGHAM MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: *Donald R. Sosnoski* Donald R. Sosnoski, Treas. 3-26-96 (313) 921-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)