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**Mar 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 48213-3364**

3. Date Incorporated or Qualified 04/30/1968	3a. Date of Last Report 04/02/1996
4. FEI Number 38-1226669	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 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, and I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(The name and the printed name of registered agent on this report)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	PD NICHOLSON, JAMES B.	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	222 CLOVERLY GROSSE POINTE FARM MI	
12.3 CITY-STATE-ZIP	CSD	<input type="checkbox"/> DELETE
12.4 NAME	HARRISON, DONALD G.	
12.5 STREET ADDRESS	400 RENAISSANCE CTR 1900	
12.6 CITY-STATE-ZIP	DETROIT MI VT	<input type="checkbox"/> DELETE
12.7 NAME	SOSNOSKI, DONALD R.	
12.8 STREET ADDRESS	3595 BELLOWS COURT	
12.9 CITY-STATE-ZIP	TROY MI	<input type="checkbox"/> DELETE
12.10 NAME	SCHLUMBERGER, ALLAN A.	
12.11 STREET ADDRESS	8639 EDGEWOOD PARK DRIVE	
12.12 CITY-STATE-ZIP	COMMERCE MI 48382	<input type="checkbox"/> DELETE
12.13 NAME	AS TAUB, JONATHAN, S	
12.14 STREET ADDRESS	24207 FAIRMOUNT	
12.15 CITY-STATE-ZIP	DEARBORN MI 48124	<input type="checkbox"/> DELETE
12.16 NAME	OLSON, ROBERT G.	
12.17 STREET ADDRESS	31572 MAYFAIR	
12.18 CITY-STATE-ZIP	BIRMINGHAM MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 as an attachment with an address.

SIGNATURE:

Donald R. Sosnoski

Donald R. Sosnoski, Treas. 3-17-97 (313) 921-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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