

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1968

4. FEI 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kim Wasilewski	
1.3 STREET ADDRESS	14088 Glenwood Drive	
1.4 CITY-ST-ZIP	Shelby Twp, MI 48315	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James M. Nicholson	
2.3 STREET ADDRESS	1672 Renaud	
2.4 CITY-ST-ZIP	Grosse Pte. Woods, MI 48236	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David Gallagher	
3.3 STREET ADDRESS	12065 E. Welsh Trail	
3.4 CITY-ST-ZIP	Scottsdale, AZ 85259	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Sandra B. Mortham REQUIRED

July 7, 1998 (313) 921-1200

CR2E034 (5/98)