

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000012879 (9)

1. Corporation Name

FRUCHEM INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

P.O. BOX 690217
ORLANDO FL 32869

P.O. BOX 690217
ORLANDO FL 32869

3. Date Incorporated or Qualified	3a. Date of Last Report
	02/13/1995
4. FEI Number	Applied For
59-330-6637	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fee
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
5160 Conroy Rd.	P.O. 690217
22. State, Apt. #, etc.	State, Apt. #, etc.
#1432	01
23. City & State	28. City & State
Orlando FL	Orlando FL 32869
24. Zip	29. Zip
32811	32869
25. Country	30. Country
USA	USA

9. Name and Address of Current Registered Agent

HAAG, RONALD G II
5160 CONROY RD #1432
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81. Name	Ronald G. HAAG II
82. Street Address (P.O. Box Number is Not Acceptable)	5160 Conroy Road #1432
83.	
84. City	Orlando
85. Zip Code	32811

11. Pursuant to the provisions of Sections 607.0602 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 607.0504, Florida Statutes.

SIGNATURE: *Ronald G. Haag II* (Current Agent) *Ronald G. Haag II* (New Agent)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	HAAG, RONALD G II	P.O. BOX 690217	ORLANDO FL 32869	<input type="checkbox"/>
D	HAAG, RONALD G	9002 CLASSIC CT	ORLANDO FL 32819	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President/Secretary		P.O. Box 690217	Orl, FL 32869	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 as appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: *Ronald G. Haag II* 1-29-96 407-482118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)