

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 01 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 # P97000013760 (8)

1. Corporation Name

CHEMSTAR PRODUCTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
4302 10TH AVENUE EAST SUITE 400 401 TAMPA FL 33605-4631		4302 10TH AVENUE EAST SUITE 400 401 TAMPA FL 33605-4631	
2. Principal Place of Business		2a. Mailing Address	
21 4302 10th Ave E.		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 401		27 401	
City & State		City & State	
23 Tampa FL		28 Tampa FL	
Zip		Zip	
24 33605-4631		29 33605-4631	
Country		Country	
25 Hillsborough		30 Hillsborough	

3. Date Incorporated or Qualified	
02/10/1997	
4. FEI Number	Applied For
593431326	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 Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MANGUS, JACK E 4302 10TH AVENUE EAST SUITE 400 401 TAMPA FL 33605-4631		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 _____ (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres / VP	11 TITLE	Pres / VP
NAME	JACK E MANGUS	12 NAME	JACK E MANGUS
STREET ADDRESS	4302 10th Ave E, #401	13 STREET ADDRESS	4302 E. 10th Ave #401
CITY-ST-ZIP	TAMPA, FL 33605	14 CITY-ST-ZIP	TAMPA FL 33605
TITLE	Secy / Treas	21 TITLE	Secy / Treas
NAME	ROBERTA MANGUS	22 NAME	ROBERTA MANGUS
STREET ADDRESS	4302 E 10th Ave #401	23 STREET ADDRESS	4302 E 10th Ave #401
CITY-ST-ZIP	TAMPA FL 33605	24 CITY-ST-ZIP	TAMPA, FL 33605
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

Robert Mangus 11/20/98 8120118-139A

CR2E034 (10/97)