**PROFIT** CORPORATION ANNUAL REPORT

1999

CHEMSTAR PRODUCTS, INC.

1. Corporation Name



DOCUMENT # P97000013760

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90130 011 \*\*\*150.00

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Principal Plac	e of Busines	ss	Ma	ailing Address							
4302 10TH AVE E. #401 4302 10TH AVE E. #401											
TAMPA FL 33605-4631			TAI	MPA FL 33605-4631				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed			
								02/10/1997			
2. Principal P	lace of Busin	ness	2a.	Mailing Address				4. FEI Number Applied For			
21			26					<b>59-343 1326</b> Not Applicable			
Suite, Apt.	#, etc.		lacksquare	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional			
22			27		_			5. Sertificate of Status Busined Fee Required			
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23			28			_		Trust Fund Contribution Added to Fees			
Zip	Country Zip Co				Cou	Country 8. This corporation owes the current year Intangible					
24	25 29 30				30	Personal Property Tax.					
	9. Name	and Address of Co	ırrent Regis	tered Agent		С,		10. Name and Address of New Registered Agent			
						81	Name				
	IGUS, JAC					82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
4302	2 10TH AVE	E E. #401				OZ	Sueer Auc	luress (F.O. Box Nulliber is Not Acceptable)			
TAM	IPA FL 336	05-4631				83					
						84	City	FL 85 Zip Code			
11. Pursuant	to the provis	ions of Sections 607	.0502 and 6	07.1508, Florida Statut	es, the a	bove	-named cor	rporation submits this statement for the purpose of changing its registered			
office or r	egistered ag	ent, or both, in the S	tate of Florid	la. Such change was a Section 607.0505, Flo	uthorized	l by i	the corporat	ation's board of directors. I hereby accept the appointment as registered			
•	IIII Iditiiidi W	iui, and accept the d	bilgations of,	, Section 607.0003, 1 to	ilua Stati	1163.	•				
SIGNATURE	Signature typed	or printed name of registere	d agent and title	if applicable. (NOTE	: Registered	Agen	t signature requi	uired when reinstating) OATE			
12.			S AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/V			☐ DELETÉ	1,1 TI	LE.		☐ Change ☐ Addition			
NAME	MANGUS	JACK E			1.2 N	MF					
STREET ADDRESS 4302 10TH AVE E. #401				1.3 STREET ADDRESS							
TARDA EL 0000E 4004				1.4 CITY-ST-ZIP							
CITY-\$T-ZIP	<del></del>	L 330034031		☐ DELETE	_		1-219	☐ Change ☐ Addition			
TITLE	S/T	DODERTA		- OCCETA	2.1 TI						
NAME		, ROBERTA			2.2 N						
STREET ADDRESS 4302 10TH AVE E. #401					2.3 \$7	REET	ADDRESS				
CITY-ST-ZIP	TAMPA F	L 33605-4631			. 2.4 C	_	T-ZIP				
TITLE	ľ			☐ DELETE	3.1 Tr	LE		☐ Change ☐ Addition			
NAME					3.2 N	ME					
STREET ADDRESS					3.3 ST	REET	ADORESS				
CITY-ST-ZIP					3.4. C	TY-S	T-ZIP				
TITLE				☐ DELETE	4.1 TI	ILE		☐ Change ☐ Addition			
NAME					4. 2 N	<b>AME</b>					
STREET ADDRESS	1				4.3 ST	REET	ADDRESS				
CITY-ST-ZIP					4.4 CF	TY-ST	-ZIP				
TITLE				☐ DELETE	5.1 TI			☐ Change ☐ Addition			
NAME	ļ				5.2 NA			~ }			
					5.3 ST	REET	ADDRESS	ļ			
STREET ADDRESS				•	5.4 CT		1				
CITY-ST-ZIP				☐ DELETE	6.1 Ti		<del></del>	☐ Change ☐ Addition			
TITLE	]				6.2 NA			C outride C Modulou (			
NAME							1DDD555				
STORET ADDRESS	1				■ 6.3 ST	KEET	ADDRESS [	I			

CITY-ST-ZIP for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information course and that my Conatt us sind the same section 3 defect as if made under oath; that I am an be execute the required by Chaptel 647, Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this annual report or su officer or director of the corporation Block 12 or Block 13 if charged or

6.4 CITY-ST-ZIP

SIGNATURE: