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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000034380 1. Corporation Name CHEMIAY OOK INC

May 04, 1999 8:00 am Secretary of State

05-04-1999 90064 014 ***150.00

SUDWA	I 000) INC				() 0 0 12 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er malle anian little alang tide	I (6)() EB)) (86)
Principal Place	e of Business	Mailing Address				'l CE tti Baion 214ti Biaon 2111	., ,,,,,,,
341 BEACHWOOD DRIVE 341 BEACHWOOD DRIVE							
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149					DO NOT WRITE	E IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					04/13/1998		Į
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		pplied For
21 26					65-082 8297	フ ├──┼──	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
27		27			5. Certifcate of Status Desired		equired
City & State - City & State					6. Election Campaign Financing	55.00	Мау Ве
28					Trust Fund Contribution	Added	to Fees
Zip Country Zip			Country		8. This corporation owes the curre		_
24	25	29 3	<u>o </u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent	- 04		10. Name and Address of New Re	gistered Agent	
MONIOUDIS, PERRY D ESQ.			81	Name	SAME		
4520 N.E. 18TH AVE.,STE.101			82	Street Addr	ess (P.O. Box Number is Not Acceptab		
FT. LAUDERDALE FL 33334			83		15 SE 7th Str.	ee T	
FI. DAUDERDALE FL 33334			63	6	2nd Floor		
• •			84	City L	- La Martala	FL 85 Zip.	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				ry.	enting submits this statement for the o		s registered
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida. Such change was auth	, the above norized by	e-named corp the corporation	on's board of directors. I hereby accept	the appointment as re	egistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes	•			i
SIGNATURE	Signature, typed or printed name of registered agen	and title if employable /MOTE: D	anistered Aner	nt signature regulire	d when reinstating)	DATE)
12.	OFFICERS AN		13.	it signature require	ADDITIONS/CHANGES TO OFF		ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	
NAME:	BRACKEN, STEVEN G		1.2 NAME				ţ
STREET ADDRESS			1.3 STREET	ADORESS			ļ
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1,4 CITY- S	T-ZIP			
TITLE			2.1 TITLE		,	Change	☐ Addition
NAME	BRACKEN, MICHAEL F		2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			{
CITY-ST-ZIP	KEY BISCAYNE FL 33149		2.4 CTY-S	ST-ZIP	. 4 -/-		
TITLE			3.1 TITLE	- V	= Vice President	☐ Change	Addition
NAME			3.2 NAME	B	rachen, Julie W. 341 Reachwood Driv Key BISLAVIE, FL	40	
STREET ADDRESS			3.3 STREE	TADDRESS	341 Beachwood Vriv	(R 77/4	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	Key BISLAME, FL		
TILE		☐ DELETE	4.1-TITLE		, ,	☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	•		4.3 STREET	TADORESS .		,	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME	· .		5.2 NAME				
STREET ADDRESS	:			T ADDRESS		,	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	•	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	T ADORESS			}

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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

305 828-1098