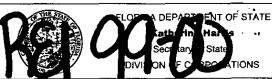
SECOND NOTICE: CC. WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, AMOUNT DUE 01 OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). ON WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

PROFIT CORPORATION



DOCUMENT # P95000050949

PRUDENTIAL CHEMICAL, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 MAY 19, AM 9: 41

EINST	ATEMEN	$\tau \alpha$	HI

Principal Place	ce of Business Mailing Address					
₩. SAMPL			DELLAR SERVICE (I)	LN		
E-304 DE∧/	CU EL 22072	STE 304		REINSTALEMENT PACE IT LA		
	CH FL 33073 POMPANO BEACH FL 33073 US		3. Date Incorporated or Qualified			
· .					06/28/1995	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied	For
21218	3 ST. ANDREWS B	26 21218 ST. AND	REWS	BLUD	65-0605802 Not App	olicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Addition	1
650		27 650	- 		1 pp reduite	
City & Stat		City & State			6. Election Campaign Financing \$5.00 May	
DOCA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28 BOCA RATO		<u> </u>	Trust Fund Contribution Added to Fee	es
։ Ճ543	Country	^{Zip} 33433 3	Cour	75 <i>A</i>	8. This corporation owes the current year Intangible Personal Property. Yes No	Į
3313	9. Name and Address of Current	<u> </u>	ار ار		10. Name and Address of New Registered Agent	i
	o. Hand and Addition of Carrone	, regions		81 Name		
	PORATION SERVICE COMPANY			82 Street A	ddago (D.O. Boy Alumbor in Not Accontable)	
	HAYS STREET		l	82 Street A	ddress (P.O. Box Number is Not Acceptable)	l
TALL	AHASSEE FL 32301-2525		Ì	83		
	•		}	84 City	85 Zip Code	
· · · · · · · · · · · · · · · · · · ·		_/_/		84 City	FL 85 Zip Code	
office or	registered agent, or both, in the States am familia: With, and accept the obligat	#Elorida Suich change was aut	horizad	by the como	rporation submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as register ASST. VP.	red .
SIGN AN UNE .	Signature, typed of plinted flame of registered agent	and title if applicable. (NOTE			required when reinstating) DAT	
2.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	
ITLE	P	DELETE	१.१ सम	1	Change	Addition {
AME	GOLBERG, IRA		1.2 NA		500003262955-:	
TREET ADDRESS	550 SYLVAN AVENUE			EET ADDRESS	-05/23/0001033003	
ITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632		_	Y-ST-ZIP	****900.03 ****900	
ITLE	S TEDDY	DELETE	2.1 TITI	- I	Change	Addition
AME	REICH, TERRY 550 SYLVAN AVENUE		2.2 NAI	EET ADDRESS		-
TREET ADDRESS	ENGLEWOOD CLIFFS NJ 07632			Y-ST-ZIP		
TLE	ENGLENCOD, OLINI O 140 07 002	DELETE	3.1 TIT		Change	Addition
AME		L_) OCLETE	3.2 NA	ME		/100.00//
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AME			4.2 NA	NE	<u> </u>	ļ
TREET ADDRESS			4.3 STF	EET ADDRESS		
ITY-ST-ZIP	1		4.4 CIT	Y-ST-ZIP		
ITLE		DELETE	5.1 TIT		Change	Addition
AME			5.2 NA	ME		İ
TREET ADDRESS)		5.3 STF	EETADDRESS		
ITY-ST-ZIP		<u></u>	5.4 CIT	Y-ST-ZIP		
ITLE	who we've	DELETE	6.1 TIT	.E	Change	Addition
AME	•	_ _	6.2 NA	иE	•	ł
TREET ADDRESS	,		6.3 STF	EETADDRESS	200	_
iTY-ST-ZIP			6.4 CIT	Y-ST-ZIP	KE KE	2

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 for on an attachment with an appress.

SIGNATURE:

Daytime Phone #