


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

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 252192 (0)</b>					
1. Corporation Name <b>CATALINA CHEMICAL CO INC OF TAMPA</b>					
Principal Place of Business <b>4709 NO. LOIS AVE TAMPA FL 33614</b>			Mailing Address <b>4709 NO. LOIS AVE TAMPA FL 33614-7046</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/16/1961</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>05/01/1996</b>	
22. City & State		27. City & State		4. FEI Number <b>59-0947644</b>	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>DE FRANCO, JOSEPH 12301 GOLFSIDE DR TAMPA FL 33614</b>			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83. City			84. Zip Code		
85. State			86. City		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME <b>DE FRANCO, JOSEPH</b>			1.2 NAME		
1.3 STREET ADDRESS <b>12301 GOLFSIDE DR</b>			1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP <b>TAMPA FL</b>			1.4 CITY - ST - ZIP		
2.1 TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME <b>DE FRANCO, HAZEL</b>			2.2 NAME		
2.3 STREET ADDRESS <b>12301 GOLFSIDE DR</b>			2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP <b>TAMPA FL</b>			2.4 CITY - ST - ZIP		
3.1 TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME <b>DE FRANCO, LEE</b>			3.2 NAME		
3.3 STREET ADDRESS <b>218 SHORECREST</b>			3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP <b>TAMPA FL</b>			3.4 CITY - ST - ZIP		
4.1 TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			4.2 NAME		
4.3 STREET ADDRESS			4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP			4.4 CITY - ST - ZIP		
5.1 TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP			5.4 CITY - ST - ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do 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.					
SIGNATURE: <b>Joseph De Franco</b> <b>JOSEPH DEFRANCO</b> <b>4-10-97</b> <b>813 876-5914</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone: _____					

CR2E034 (9/96)