

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra R. Morrison
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 AM 10: 04

DOCUMENT # 402779 (3)

1. Corporation Name
PICARD CHEMICAL, INC.

Principal Place of Business Mailing Address
**1670 S. CONGRESS AVE. 1670 S. CONGRESS AVE.
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/12/1972** 3a. Date of Last Report **01/19/1994**
4. FEI Number **59-1400921** Apply For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**BLASH, THOMAS J
1670 S. CONGRESS AVE.
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent
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: *Thomas J. Blash* DATE: **1-9-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SEC	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN, WEISS A.	1.2 NAME	
STREET ADDRESS	1670 SO CONGRESS	1.3 STREET ADDRESS	
CITY, ST, ZIP	WEST PALM BEACH FL	1.4 CITY, ST, ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLASH, TIMOTHY A.	2.2 NAME	
STREET ADDRESS	1670 SO CONGRESS AVENUE	2.3 STREET ADDRESS	
CITY, ST, ZIP	WEST PALM BEACH FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLASH, MARTHA A.	3.2 NAME	
STREET ADDRESS	1670 CONGRESS AVENUE	3.3 STREET ADDRESS	
CITY, ST, ZIP	W. PALM BCH FL	3.4 CITY, ST, ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLASH, THOMAS J	4.2 NAME	
STREET ADDRESS	1670 CONGRESS AVENUE	4.3 STREET ADDRESS	
CITY, ST, ZIP	W. PALM BCH FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an attachment with an address.

SIGNATURE: *Thomas J. Blash* DATE: **1-9-95** 407-965-
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3434