

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mathern
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **402779**

(3)

1. Corporation Name
PICARD CHEMICAL, INC.



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

Mailing Address
**1670 S. CONGRESS AVE.
 WEST PALM BEACH FL 33406**

2. Principal Place of Business
 21 State: Apr. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 State: Apr. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified **06/12/1972** 3a. Date of Last Report **01/13/1995**
 4. FEI Number **59-1400921** Applied 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

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 607.0102 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 hereby waiving the provisions of Section 607.0102, Florida Statutes.

SIGNATURE: *Thomas J. Blash* Date: **1-16-96**

12. OFFICERS AND DIRECTORS

1. TITLE	SEC	<input type="checkbox"/> DELETE
2. NAME	SUSAN, WEISS A.	
3. STREET ADDRESS	1870 SO CONGRESS	
4. CITY, STATE, ZIP	WEST PALM BEACH FL	
5. TITLE	VP	<input type="checkbox"/> DELETE
6. NAME	BLASH, TIMOTHY A.	
7. STREET ADDRESS	1670 SO CONGRESS AVENUE	
8. CITY, STATE, ZIP	WEST PALM BEACH FL	
9. TITLE	D	<input type="checkbox"/> DELETE
10. NAME	BLASH, MARTHA A.	
11. STREET ADDRESS	1670 CONGRESS AVENUE	
12. CITY, STATE, ZIP	W. PALM BCH FL	
13. TITLE	PD	<input type="checkbox"/> DELETE
14. NAME	BLASH, THOMAS J	
15. STREET ADDRESS	1670 CONGRESS AVENUE	
16. CITY, STATE, ZIP	W. PALM BCH FL	
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Thomas J. Blash* **Thomas J. Blash** 1/16/96 407-965-3434

CR2E034 (12/95)