

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

FILED

**Mar 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam,
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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1400921	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BLASH, TIMOTHY A.
1670 S. CONGRESS AVE.
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name: **Patricia Blash**

82 Street Address (P.O. Box Number is Not Acceptable): **1670 S. Congress Ave**

83

84 City: **West Palm Beach** **FL** 85 Zip Code: **33406**

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: *Timothy Blash*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	SEC	<input checked="" type="checkbox"/> DELETE
NAME	SUSAN, WEISS A.	
STREET ADDRESS	1670 SO CONGRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BLASH, TIMOTHY A.	
STREET ADDRESS	1670 SO CONGRESS AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BLASH, MARTHA A.	
STREET ADDRESS	1670 CONGRESS AVENUE	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Susan Weiss	
1.3 STREET ADDRESS	1670 S. Congress Ave	
1.4 CITY-ST-ZIP	West Palm Beach, FL	
2.1 TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patricia Blash	
2.3 STREET ADDRESS	1670 S. Congress Ave	
2.4 CITY-ST-ZIP	West Palm Beach, FL	
3.1 TITLE	SEC / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Timothy Blash	
3.3 STREET ADDRESS	1670 S. Congress Ave	
3.4 CITY-ST-ZIP	West Palm Beach, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 as an attachment with an address.

SIGNATURE: *Patricia Blash* 3/16/98 561-915-3434

CR2E034 (10/97)