


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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 449819 (2)					
1. Corporation Name CONTROL CHEMICAL ENTERPRISES, INC.					
Principal Place of Business 1368 N. KILLIAN DRIVE LAKE PARK FL 33403			Mailing Address 1368 N. KILLIAN DRIVE LAKE PARK FL 33403-1804		
2. Principal Place of Business 21 <u>P.O. box 32685</u> 22 Suite, Apt. #, etc. 23 City & State <u>Palm Beach Gardens FL</u> 24 Zip <u>33420</u> 25 Country <u>USA</u>		2a. Mailing Address 26 <u>P.O. box 32685</u> 27 Suite, Apt. #, etc. 28 City & State <u>Palm Beach Gardens FL</u> 29 Zip <u>33420</u> 30 Country <u>USA</u>		3. Date Incorporated or Qualified <u>04/05/1974</u>	
				3a. Date of Last Report <u>04/12/1996</u>	
				4. FEI Number <u>13-2782656</u>	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HALPERN, RICHARD 12267 CHANNEL DRIVE NORTH PALM BEACH FL			10. Name and Address of New Registered Agent 81 Name <u>Richard Halpern</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>apt 1A</u> 83 <u>290 Celestial way</u> 84 City <u>Juno Beach</u> 85 Zip Code <u>FL 33408</u>		
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 <u>Richard Halpern</u> DATE <u>4-9-97</u>					
12. OFFICERS AND DIRECTORS					
TITLE	TC	<input type="checkbox"/> DELETE			
NAME	HALPERN, RICHARD				
STREET ADDRESS	12267 CHANNEL DRIVE				
CITY - ST - ZIP	NORTH PALM BEACH FL				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	HALPERN, MARCIA				
STREET ADDRESS	12267 CHANNEL DRIVE				
CITY - ST - ZIP	NORTH PALM BEACH FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	HALPERN, MARCIA				
STREET ADDRESS	12267 CHANNEL DRIVE				
CITY - ST - ZIP	NORTH PALM BEACH FL				
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	GREEN, MICHAEL				
STREET ADDRESS	130 ELYSIUM DR				
CITY - ST - ZIP	ROYAL PALM BEACH FL				
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME		<u>Halpern, Richard</u>			
1.3 STREET ADDRESS		<u>290 Celestial way</u>			
1.4 CITY - ST - ZIP		<u>Juno Beach FL 33408</u>			
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		<u>Secretary Halpern, Richard</u>			
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input checked="" 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 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 its 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 <u>Richard Halpern</u> DATE <u>4-9-97</u> DAYTIME PHONE # <u>561-842-1636</u>					

CR2E034 (9/96)