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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

PALM BEACH GARDENS FL 33420

P.O. BOX 32685

449819

(2)

PALM BEACH GARDENS FL 33420

Mailing Address

P.O. BOX 32685

CONTROL CHEMICAL ENTERRISES, INC.

FILED Apr 14 1998 8:00am Secretary of State

	DO NOT WRIT	TE IN THIS	SPACE				
3.	Date Incorporated or Qualified 04/05/1974	t					
4.	FEI Number		Applied For				
	13-2782656		Not Applicable				
5.	Certificate of Status Desired		\$8.75 Additional Fee Required				

							04/05/	1974			
2.	Principal Place of Business	2	a. Mailing Address			4.	. FEI Numb	ber			Applied For
21		26					13-27	782656			Not Applicable
22	Suite, Apt. #, etc.	27	Suita, Apt. #, etc.			5.	. Certificate	e of Status Desired			75 Additional se Required
23	City & State	28	City & State			6.		Campaign Financing nd Contribution	9 🗀		.00 May Be ded to Fees
24	Zip Country 25	29		Country 30	y		Personal I	oration owes or has Property Tax due J	une 30.	Yes	ar Intangible
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
	HALPERN, RICHARD			81							
	290 CELESTIAL WAY, APT 1A JUNO BEACH FL 33408			82	1		P.O. Box Ni	lumber is Not Accep	North		
				83	<u></u>			/			
				84	<u> </u>	ب کر	pites		F	-	33477
- 11	Pursuant to the provisions of Sections 607 050	)2 and	607 1508 Horida Statute	e the abov	ค-กลก	ned corporatid	In embroite (	this statement for th	ha nurnnea	of chang	ing its registered. I

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	Signature, typed or printed name of registers of agent and title if applicable	(NO26 - P.	no etotad Accol socialura	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	(14271)	13.	ADDITIONS/CHANGES TO OFFICE		N 12
TITLE	P	DELETE	1.1 TALE		Change	Addition
NAME	HALPERN, RICHARD		1.2 NAME		•	1
STREET ADDRESS	<del>290 CE</del> LESTIAL WAY		1.3 STREET ADDRESS	4001 Fairway Drive 10.		
CHTY-ST-ZIP	JUNO BEACH FL		1.4 CITY-ST-ZIP	4001 Fairway Drive No. Jypiter \$1, 33477  4001 Fairway Drive No. Jypiter \$1, 33477		
TITLE	\$	DELETE	2.1 TITLE	11-22-1	Change	Addition
NAME	HALPERN, RICHARD	Ì	2.2 NAME	~ a' 1/.	•	
STREET ADDRESS	12267 CHANNEL-DRIVE		2.3 STREET ADDRESS	4001 taining time so.		
CITY-ST-ZIP	NORTH PALM BEACH FL		2. 4 CITY - ST- 7IP	Junks 41, 33477		
TITLE		DELETE	31 1/TLE	1	Change	Addition
NAME			3 2 NAME			l
STREET ADDRESS			3.3 STREET ADDRESS			l
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change [	Addition
NAME			4. 2 NAME			ĺ
STREET ADDRESS			4.3 SHEET ADDRESS			ŀ
CITY-ST-ZIP			4.4 CHY+S1+ZIP			
TITLE	L.	] DELETE	6.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			J
CITY-ST-ZIP			5 4 CITY - S1 - ZIP			
TITLE		DELETE	61 TITLE		Change [	Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			ļ
CITY-ST-ZIP			64 CITY-ST-ZIP			

14. Thereby 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 red iver our used compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with a address.

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1125198 561-687-0999