

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

FILED
Apr 09 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 # 465208 (7)

1. Corporation Name
PETRO CHEMICAL PRODUCTS, INC.



Principal Place of Business 2910 W. BEAVER STREET JACKSONVILLE FL 32254 US	Mailing Address 100 NW 12TH AVENUE C/O TAX DEPARTMENT DEERFIELD BEACH FL 33442-1702 US
--	---

3. Date Incorporated or Qualified 11/19/1974	3a. Date of Last Report 03/25/1996
4. FEI Number 59-1562245	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

g. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORAN, JAMES, M	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHELAN, JOHN J	
STREET ADDRESS	100 N.W. 12TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GIVENS, WAYNE	
STREET ADDRESS	2910 W. BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	MORAN, PATRICIA, G	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORAN, JANICE M.	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TAS	<input checked="" type="checkbox"/> DELETE
NAME	RICH, LAWRENCE, S	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

See Attached

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address.

SIGNATURE: *John J. Whelan* DATE: **3/27/97** DAYTIME PHONE: **954-480-4585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

OFFICERS AND DIRECTORS WITH BUSINESS ADDRESS

ProActive Business Solutions, Inc.

<u>Name</u>	<u>Title</u>	<u>Business</u>
A. Tucker Allen	Treasurer	100 NW 12th Avenue Deerfield Beach, FL 33442
Colin W. Brown, Esq.	Executive Vice President & General Counsel	100 NW 12th Avenue Deerfield Beach, FL 33442
Casey L. Gunnell	Assistant Secretary/Assistant Treasurer	100 NW 12th Avenue Deerfield Beach, FL 33442
James M. Moran	Director	100 NW 12th Avenue Deerfield Beach, FL 33442
Janice M. Moran	Director	100 NW 12th Avenue Deerfield Beach, FL 33442
Patricia G. Moran	Director	100 NW 12th Avenue Deerfield Beach, FL 33442
Lawrence S. Rich	Director	100 NW 12th Avenue Deerfield Beach, FL 33442
Daryl P. Smith	President	100 NW 12th Avenue Deerfield Beach, FL 33442
John J. Whelan	Secretary	100 NW 12th Avenue Deerfield Beach, FL 33442