

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

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 465208 (7)**

1. Corporation Name  
**PETRO CHEMICAL PRODUCTS, INC.**



Principal Place of Business <b>2910 W. BEAVER STREET                  JACKSONVILLE FL 32254                  US</b>	Mailing Address <b>100 NW 12TH AVENUE                  C/O TAX DEPARTMENT                  DEERFIELD BEACH FL 33442                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 111 NW 12th Avenue
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 Deerfield Beach, FL
24 Country	29 33442
	30 Country

3. Date Incorporated or Qualified <b>11/19/1974</b>	
4. FEI Number <b>59-1562245</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Paul Bell</b>	
1.3 STREET ADDRESS	<b>100 NW 12th Avenue</b>	
1.4 CITY-ST-ZIP	<b>Deerfield Beach, FL 33442</b>	
2.1 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Wayne Givens</b>	
2.3 STREET ADDRESS	<b>100 NW 12th Avenue</b>	
2.4 CITY-ST-ZIP	<b>Deerfield Beach, FL 33442</b>	
3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Gary L. Thomas</b>	
3.3 STREET ADDRESS	<b>100 NW 12th Avenue</b>	
3.4 CITY-ST-ZIP	<b>Deerfield Beach, FL 33442</b>	
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 on an attachment with an address.

SIGNATURE: *John Whelan* 3/19/98 954-429-2010

CR2E034 (10/97)