

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

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FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90001 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 465208

1. Corporation Name
PETRO CHEMICAL PRODUCTS, INC.

Principal Place of Business 2910 W. BEAVER STREET JACKSONVILLE FL 32254 US	Mailing Address 111 NW 12TH AVE DEERFIELD BEACH FL 33442 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 111 NW 12th Avenue 27 Suite, Apt. #, etc. 28 Deerfield Beach, FL 29 33442 Country 30
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3. Date Incorporated or Qualified 11/19/1974	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 owes the current year Intangible Personal Property Tax.	<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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, PAUL	1.2 NAME	A. Tucker Allen
STREET ADDRESS	100 NW 12TH AVE	1.3 STREET ADDRESS	100 NW 12th Avenue
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHELAN, JOHN J	2.2 NAME	Jon A. Brilliant
STREET ADDRESS	100 NW 12TH AVE	2.3 STREET ADDRESS	111 NW 12th Avenue
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIVENS, WAYNE	3.2 NAME	Colin W. Brown, Esq.
STREET ADDRESS	100 NW 12TH AVE	3.3 STREET ADDRESS	100 NW 12th Avenue
CITY-ST-ZIP	DEERFIELD BCH FL 33442	3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VPF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, GARY L	4.2 NAME	Richard Hartje
STREET ADDRESS	100 NW 12TH AVE	4.3 STREET ADDRESS	100 NW 12th Avenue
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Caren Janee Snead
STREET ADDRESS		5.3 STREET ADDRESS	100 NW 12th Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VPM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Gary Galliger
STREET ADDRESS		6.3 STREET ADDRESS	2910 W. Beaver St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32254

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502(8)(b), 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, with all other like empowered.

SIGNATURE: John J. Whelan John J. Whelan, Secretary 2-16-99 954 429-2101
 _____ Date Daytime Phone #

CR2E034 (11/98)