

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 485119 (2)

1. Corporation Name
CHEMEX, INC.



Principal Place of Business Mailing Address
464 BOSPHORUS AVENUE TAMPA FL 33606 **464 BOSPHORUS AVENUE TAMPA FL 33606**

3. Date Incorporated or Qualified **09/26/1975** 3a. Date of Last Report **08/08/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24	2a. Mailing Address 26 1900 S. Harbor Dr. 27 Suite, Apt. #, etc 28 City & State 29 Zip Country 30	4. FEI Number 59-1631468	Applied For 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	

9. Name and Address of Current Registered Agent

GORDA, HUGH A
464 BOSPHORUS AVE.
TAMPA FL 33606

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GORDA, JUDITH	
STREET ADDRESS	3502 HENDERSON BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	CPTD	<input type="checkbox"/> DELETE
NAME	GORDA, H.A.	
STREET ADDRESS	3502 HENDERSON BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GORDA, H.A.	
13 STREET ADDRESS	464 BOSPHORUS AVE.	
14 CITY-ST-ZIP	TAMPA, FL 33606	
21 TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	COOK, R.N.	
23 STREET ADDRESS	1900 S. HARBOR DR.	
24 CITY-ST-ZIP	MILWAUKEE, WI 53207	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	KENDALL, R.A.	
33 STREET ADDRESS	2525 S. SGT. MACARIO GARCIA DR. PO BOX 15162	
34 CITY-ST-ZIP	HOUSTON, TX 77220-5162	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	FIDUCI, S.E.	
43 STREET ADDRESS	111 E. KILBOURN AVE. SUITE 1400	
44 CITY-ST-ZIP	MILWAUKEE, WI 53202	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	WILLIAMS, P.T.	
53 STREET ADDRESS	1900 S. HARBOR DR.	
54 CITY-ST-ZIP	MILWAUKEE, WI 53207	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

8/29/96

(414) 769-1901

Daytime Phone #

CR2E034 (3/96)