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

PROFIT **CORPORATION ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 505302

(0)

Mailing Address

CHEMILIZER PRODUCTS, INC.

F	ILED)
May 07	1997	8:00am
Secret	ary of	State

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12745 49TH ST CLEARWATER					19TH ST NORTH VATER FL 34622-4	1604									
										3. Date Incorpor 06/16/1976		3a. Da	te of La		port
2. Principal Place of Business 2a. Mailing Address							·	4. FEI Number				Apj	olied For		
21				26						59-17322	59			-	Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of S	Status Desired	\$8.75 Additional Fee Required						
City & State	le			City 28	& State					6. Election Camp Trust Fund Co			, .		May Be Fees
Zip 24	2:			Zip Count 29 30			ountry	,		8. This corporation		y for intangible tax under s. 199.032,			
	g, Name a	nd Address of	Current R	egisterec	i Agent					10. Name and Ac	idress of New Re	gistered A	gent		
DAN	NIELS, FRANI	(R					81	N	ame						
1274	45-49TH STR EARWATER F	EET NORTH					82	Si	treet Addr	ess (P.O. Box Numb	er is Not Acceptab	ole)			
OLL	SANTAIEN F	L UTUZZ					83								
							84	Ĉ	ity			 1	85	Zip C	ode
44 Diversant	to the proviole	na of Continuo	007.0000	CO7 46	on Flydda Nei	.1 41		<u> </u>				FL	<u> </u>		
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 reg	istered agent ar	nd title if appl	icable. (NO	If: Regist	red Age	nt siç	gnature requir	red when reinstating)		DATE			
12.		OFFIC	ERS AND D	IRECTOR		1:	3.			ADDITIONS/CH	IANGES TO OFFIC	ERS AND	DIREC	TOR	S IN 12
TITLE	PRES				☐ DELETE	1.1	TITLE						☐ Cha	nge	Addition
NAME	DANIELS,		_			1.2	NAME								
STREET ADDRESS		TERNT COUR	ιT			1.3	STREET	ADD	RESS						
CITY-ST-ZIP	DUNEDIN	FL 34698					CITY-S	T - ZH	P						
TITLE	ST	MINOR F			DELETE		TITLE						Cha	nge	Addition
NAME	DANIELS,		-				NAME								
STREET ADDRESS	DIMITON CLASSON			2.3 STREET ADDRESS											
CITY-ST-ZIP	DUNEUM	rl 34098			☐ DELE1E		4 CITY - S	ST - 71	IP		· · · · · · · · · · · · · · · · · · ·		TT Cha		Addition
TITLE					☐ Officie		TITLE						[]] Cha	nge	Addition
NAME							NAME	400	DE OO						
STREET ADORESS							STREET								
CITY-ST-ZIP TITLE					DELETE		CITY - S	S1 - Z1	P				Cha	nne	Addition
NAME							2 NAME							· igo	(
STREET ADDRESS							STREET	Ann	BLSS						
CITY-ST-ZIP							CITY-S								
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NAME	ļ					5.2	NAME							_	
STREET ADORESS							STREET	ADD	RESS						
CITY-ST-ZIP							CITY-S								
TITLE					DELETE		TITLE						Cha	nge	Addition
NAME						6.3	NAME								
STREET ADDRESS						6.3	STREET	ADD	RESS						
CITY-ST-ZIP							CITY-S								
14 I do herel	by certify that t	he information	supplied w	ith this fili	ng does not qual	lity for t	ie exe	mn'	tion states	d in Section 119.07(3)	(i), Florida Statute	s I further	certify	that t	he
l am an o appears i	of indicated on officer or directi in Block 12 or I	or of the corne Block 13 the cha	ration or the pood, or or	receiver ran attacl	or trustee empor hment with an ad	wered to dress.	D exec	ute	this repor	i my signature shall h rt as required by Cha	ave trie same lega pter 607, Florida S	n enect as Statutes; ar	ir made id that	e und my na	er oain; inat ame

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