


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

FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 637724 (6)
1. Corporation Name
CHEMICAL SYSTEMS OF FLORIDA, INC.

Principal Place of Business: 6429 W. JONES AVENUE, P. O. BOX 810, ZELLWOOD FL 32798
Mailing Address: 6429 W. JONES AVENUE, P. O. BOX 810, ZELLWOOD FL 32798-0810



2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc
23. City & State
24. Zip, Country

3. Date Incorporated or Qualified: 09/06/1979
3a. Date of Last Report: 01/22/1996
4. FEI Number: 59-1935596
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Campaign Financing / Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ALEXANDER, PAUL
30713 ST RD 437
SORRENTO FL 32776

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 (FL)

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	
TITLE	SD <input type="checkbox"/> DELETE
NAME	HATHAWAY, LAURI A.
STREET ADDRESS	4407 MEADOWLAND DRIVE
CITY - ST - ZIP	MT. DORA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	ALEXANDER, PAUL L.
STREET ADDRESS	30713 ST RD 437
CITY - ST - ZIP	SORRENTO 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	
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	400002216524
4.3 STREET ADDRESS	--06/18/97--01110--034
4.4 CITY - ST - ZIP	***165.00
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 do 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: *Lauri A. Hathaway* DATE: 6-11-97
Lauri A. Hathaway - Vice Pres.

CR2E031 (9/96)