

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **679820** (1)
1. Corporation Name
MEGACHEM, INC.



Principal Place of Business: % C. L. ZIMMERMAN COMPANY, 913-C SOUTH PARSONS AVE, BRANDON FL 33511
Mailing Address: % C. L. ZIMMERMAN COMPANY, 913-C SOUTH PARSONS AVE, BRANDON FL 33511

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/25/1980	3a. Date of Last Report 05/01/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-0989534	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ELLIS, WAYNE
913-C SOUTH PARSONS AVE.
BRANDON FL 33511

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, WAYNE	1.2 NAME	
STREET ADDRESS	913-C SOUTH PARSONS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVERONE, THOMAS	2.2 NAME	
STREET ADDRESS	913-C S PARSONS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEPER, BRUCE	3.2 NAME	
STREET ADDRESS	4220 N MOUNTAIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne F. Ellis WAYNE F. ELLIS 4/29/96 813-681-4414
DATE: DATE: PHONE #

CR2E034 (12/95)