

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90130 009 ***150.00

44-3182

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 818314

1. Corporation Name
FOREMOST CHEMICALS, INC.



Principal Place of Business
 6543 46TH ST N
 SUITE 1102
 PINELLAS PARK FL 33781
 US

Mailing Address
 6543 46TH ST N
 SUITE 1102
 PINELLAS PARK FL 33781
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt., etc.
 22 City & State
 23 Zip
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country
 30

3. Date Incorporated or Qualified
11/17/1964

4. FEI Number
59-1061224

5. Certificate of Status Desired Applied For
 Not Applicable **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARSHALL, SHIRLEY
6501 4TH ST. S
ST PETERSBURG FL 33705

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, SHIRLEY	12 NAME	
STREET ADDRESS	6501 4TH ST. S	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDLAND, JOAN A.	22 NAME	
STREET ADDRESS	9945 SAGO PT DR	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33777	24 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVERTY, DEBORAH	32 NAME	V. Laverty, Deborah
STREET ADDRESS	5759 WEST 6TH ST	33 STREET ADDRESS	5972 Bent Pine Dr., Apt. 171
CITY-ST-ZIP	LOS ANGELES CA 90036	34 CITY-ST-ZIP	Orlando, FL 32822
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley Marshall SHIRLEY MARSHALL 4/26/99 727-522-8518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)