

**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  
 Sanora B. Mortman  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 852301 (1)**  
 1. Corporation Name

**CHEM-POWER, INC.**



Principal Place of Business: **15 WING DRIVE CEDAR KNOLLS NJ 07927**  
 Mailing Address: **15 WING DRIVE CEDAR KNOLLS NJ 07927**

3. Date Incorporated or Qualified: **03/23/1982**  
 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		22-1550782		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		29	
Zip		Country		Zip		Country	
25		29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JOINER, BOBBY R. 750 7TH AVENUE GOTHA FL 32735</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 state of application. (Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOSTER, RICHARD			1.2 NAME			
STREET ADDRESS	72 MINEMOUNT RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	BERNARDSVILLE NJ			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOSTER, KENNETH			2.2 NAME			
STREET ADDRESS	33 BURNETT RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	MENDHAM NJ			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOSTER, JEFFREY			3.2 NAME			
STREET ADDRESS	3781 GLENGARRY WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	ROSWELL GA			3.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOSTER, ROBERT			4.2 NAME			
STREET ADDRESS	16 HIGHFIELD RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	FLINDERS NJ			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOSTER, IDA			5.2 NAME			
STREET ADDRESS	20 DRYDEN RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	BERNARDSVILLE NJ			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Richard Foster* **Richard Foster** 7/24/96 201-267-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (3/96)