

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90097 041 ***150.00

0294047

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F45359

1. Corporation Name
TOWN & COUNTRY PROFESSIONAL CHEMICAL SUPPLIES, I NC.



Principal Place of Business % SUSAN CAMARAIRE 2221 NW 64 AVENUE SUNRISE FL 33313	Mailing Address % SUSAN CAMARAIRE 2221 NW 64 AVENUE SUNRISE FL 33313
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/21/1981

2. Principal Place of Business 21 6711 Sunset Strip Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 190368 Suite, Apt. #, etc.
22	27
23 City & State Sunrise FL	28 City & State Fort Lauderdale FL
24 Zip 33313	25 Country USA
29 Zip 33319	30 Country USA

4. FEI Number 59-2128237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CAMARAIRE, SUSAN
~~2221 NW 64 AVENUE~~
~~SUNRISE FL 33313~~

10. Name and Address of New Registered Agent

81 Name Susan Camaraire
82 Street Address (P.O. Box Number is Not Acceptable) 6550 NW 20 ST.
83
84 City Sunrise
85 Zip Code FL 33313

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 Susan Camaraire, Secretary Susan Camaraire DATE 4/9/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE STD	<input type="checkbox"/> DELETE
NAME CAMARAIRE, PAUL J	
STREET ADDRESS 2221 NW 64 AVENUE	
CITY-ST-ZIP SUNRISE FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME CAMARAIRE, SUSAN	
STREET ADDRESS 2221 NW 64 AVENUE	
CITY-ST-ZIP SUNRISE FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME CAMARAIRE, RONALD	
STREET ADDRESS 2221 NW 64 AVE	
CITY-ST-ZIP SUNRISE FL	
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 IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 6550 NW 20 ST	
1.4 CITY-ST-ZIP Sunrise FL 33313	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 6550 NW 20 ST	
2.4 CITY-ST-ZIP Sunrise FL 33313	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS 6550 NW 20 ST	
3.4 CITY-ST-ZIP Sunrise FL 33313	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE Susan Camaraire, Secretary Susan Camaraire DATE 4/9/99 DAYTIME PHONE # 954 742-5121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)