

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 4:24

DOCUMENT # F58470

(8)

1. Corporation Name
NOVA-CHEM INC.



Principal Place of Business

5401 W. KENNEDY BLVD., STE. #681
BOX 22685
TAMPA FL 33622

Mailing Address

5401 W. KENNEDY BLVD., STE. #681
BOX 22685
TAMPA FL 33622

2. Principal Place of Business

21 5041 W. Cypress St
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 22685
Suite, Apt. #, etc.

22 City & State

23 Tampa, FL
City & State

24 Zip 33609 Country

27 City & State

28 Tampa, FL
City & State

29 Zip 33622 Country

3. Date Incorporated or Qualified 12/15/1981

3a. Date of Last Report 05/01/1995

4. FEI Number 59-2152849

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election 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

CISNEROS, FRANK G.
5041 W. CYPRESS
P.O. BOX 22685
TAMPA FL 33609

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent, and title, if not applicable. (NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CISNEROS, FRANK G
STREET ADDRESS 5041 CYPRESS ST.
CITY-ST-ZIP TAMPA FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE V
NAME RENES, ROBERT
STREET ADDRESS 5041 CYPRESS ST.
CITY-ST-ZIP TAMPA FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE AS
NAME OATLEY, LORRAINE C.
STREET ADDRESS 5041 W. CYPRESS ST.
CITY-ST-ZIP TAMPA FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 in this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK G CISNEROS

5/7/96 813-282403

CR2E034 (12/95)