

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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005107 (8)

1. Corporation Name

INTERNATIONAL CHEMICAL OF CORAM, INC.



Principal Place of Business

Mailing Address

10-1 DREW COURT
RONKONKUMA NY 11779
US

1450 SOUTHWEST 10TH STREET
UNIT 6
DELRAY FL 33444
US

3. Date Incorporated or Qualified

11/08/1993

3a. Date of Last Report

03/07/1995

4. FEI Number

11-2617135

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DALE, DONALD A
1450 SOUTHWEST 10TH STREET
UNIT 6
DELRAY FL 33444

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

701 South East 6th Avenue
Suite 102

83. City

Delray Beach

FL

85. Zip Code

33444

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

X

(Type or print name of person making this statement, if not a registered agent, and title, if applicable)

(NOTE: Registered Agent signature required when changing things)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	DALE, DONALD A	
STREET ADDRESS	23371 MARABELLA CIRCLE SOUTH	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	P	☐ DELETE
NAME	DALE, VICKI	
STREET ADDRESS	23371 MARABELLA CIRCLE SOUTH	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: * [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR