


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

FILED

**Jan 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006615 (8)
 1. Corporation Name
BENGAL CHEMICAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 40487 BATON ROUGE LA 70835-0487 13739 AIRLINE HWY BATON ROUGE LA 70817	Mailing Address P.O. BOX 40487 BATON ROUGE LA 70835-0487 13739 AIRLINE HWY BATON ROUGE LA 70817
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3. Date Incorporated or Qualified 12/27/1994	
4. FEI Number 72-1276055	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent
**A.C.C. CO.
200 S. ORANGE AVE., #2300
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANG, BRIAN LE BLANC	1.2 NAME	
STREET ADDRESS	13739 AIRLINE HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70817	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, GLYNN	2.2 NAME	
STREET ADDRESS	13739 AIRLINE HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70817	2.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, DARRELL	3.2 NAME	
STREET ADDRESS	13739 AIRLINE HWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70817	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANK, BRETT	4.2 NAME	
STREET ADDRESS	13739 AIRLINE HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	4.4 CITY-ST-ZIP	
TITLE	PR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PRESIDENT
STREET ADDRESS		5.3 STREET ADDRESS	LE BLANC, ROBERT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	13739 AIRLINE HWY
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	

5.1 TITLE Change Addition
 5.2 NAME **PRESIDENT**
 5.3 STREET ADDRESS **LE BLANC, ROBERT**
 5.4 CITY-ST-ZIP **13739 AIRLINE HWY**
BATON ROUGE LA 70817

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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)