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
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **F95000004642 (3)**

1. Corporation Name
CHEMPLEX INDUSTRIES, INC.

Principal Place of Business
~~160 MARBLEDALE RD~~ 3
~~TUCKAHOE NY 10707~~

Mailing Address
~~160 MARBLEDALE RD~~
~~TUCKAHOE NY 10707~~

3. Date Incorporated or Qualified: **09/25/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 3091 SE Waaler St
22 Suite, Apt. #, etc:
23 City & State: Stuart, Florida
24 Zip: 34997 25 Country: USA

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: **13-2720373** ☐ 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

DUNGEY, RICHARD J
110 S FEDERAL HWY
STUART FL 34994

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SOLAZZI, MONTE J		1.2 NAME	
STREET ADDRESS	56 MARINER CAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SOLAZZI, MICHAEL C		2.2 NAME	
STREET ADDRESS	395 MAGNOLIA AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSDALE NJ 07642		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NOVELLI, ANTHONY		3.2 NAME	
STREET ADDRESS	3474 SW CANOE PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 33490		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 added, on an attachment with an asterisk.

SIGNATURE: [signature] 4/30/96 407 283-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #