

**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
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DOCUMENT # G89914 (7)
 1. Corporation Name
CHEM POLYMER CORPORATION



Principal Place of Business 2722 ROCKFILL RD PO BOX 6927 FT. MYERS FL 33916-4822 US	Mailing Address 777 E. EISENHOWER PKWY STE 600 ANN ARBOR FL 48108 US
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3. Date Incorporated or Qualified 03/12/1984	3a. Date of Last Report 05/01/1995
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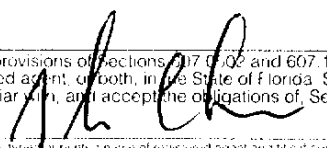
2. Principal Place of Business 21 2443 ROCKFILL RD. Suite, Apt. #, etc. 22 PO BOX 6927 City & State 23 FT MYERS, FL Zip 24 33916	2a. Mailing Address 26 2443 ROCKFILL RD. Suite, Apt. #, etc. 27 PO BOX 6927 City & State 28 FT MYERS, FL Zip 29 33916	Country 25 USA	Country 30 USA
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4. FEI Number 59-2448189	Applied For 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 has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name **JOHN C LEE**
 82 Street Address (P.O. Box Number is Not Acceptable)
2443 ROCKFILL RD.
 83
 84 City **FT MYERS,** **FL** 85 Zip Code **33916**

11. Pursuant to the provisions of Sections 607.002 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:  **6/21/96**
 Signature typed in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

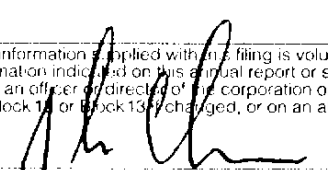
12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLIFTON, MICHAEL W	
STREET ADDRESS	2443 ROCKFILL RD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KELLER, JAMES D	
STREET ADDRESS	777 E. EISENHOWER PKWY, STE 600	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, DONNA, L	
STREET ADDRESS	777 E. EISENHOWER PKWY, STE 600	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TOMES, FRANK	
STREET ADDRESS	2443 ROCKFILL RD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEE, JOHN	
STREET ADDRESS	2442 ROCKHILL RD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CLIFTON, MICHAEL W.	
13 STREET ADDRESS	2443 ROCKFILL RD.	
14 CITY-ST-ZIP	FT MYERS, FL 33916	
21 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	KROHG, OLAF	
23 STREET ADDRESS	2443 ROCKFILL RD.	
24 CITY-ST-ZIP	FT MYERS, FL 33916	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SANSOM, KEITH GEOFFREY	
33 STREET ADDRESS	2443 ROCKFILL RD.	
34 CITY-ST-ZIP	FT MYERS, FL 33916	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 11 or Block 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **John C Lee** **6/21/96 (941)337-0400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (3/96)