

PROFIT CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

1996 1997

FILED
 May 15 1997 8:00am
 Secretary of State

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



Principal Place of Business Mailing Address
 2722 ROCKFILL RD PO BOX 6927 FT. MYERS FL 33916-4822 US
 777 E. EISENHOWER PKWY STE 600 ANN ARBOR FL 48108 US

3. Date Incorporated or Qualified **03/12/1984** 3a. Date of Last Report **05/01/1995**
 4. FEI Number **59-2448189** 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

2. Principal Place of Business 2a. Mailing Address
 21 **2443 ROCKFILL RD.** 26 **2443 ROCKFILL RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **PO BOX 6927** 27 **PO BOX 6927**
 City & State City & State
 23 **FT MYERS, FL** 28 **FT MYERS, FL**
 Zip Country Zip Country
 24 **33916** 25 **USA** 29 **33916** 30 **USA**

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 607.0502 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]* **6/11/96**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFTON, MICHAEL W	1.2 NAME	CLIFTON, MICHAEL W.
STREET ADDRESS	2443 ROCKFILL RD	1.3 STREET ADDRESS	2443 ROCKFILL RD.
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT MYERS, FL 33916
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, JAMES D	2.2 NAME	KROHG, OLAF
STREET ADDRESS	777 E. EISENHOWER PKWY, STE 600	2.3 STREET ADDRESS	2443 ROCKFILL RD.
CITY-ST-ZIP	ANN ARBOR MI	2.4 CITY-ST-ZIP	FT MYERS, FL 33916
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DONNA L	3.2 NAME	SANSON, KEITH GEOFFREY
STREET ADDRESS	777 E. EISENHOWER PKWY, STE 600	3.3 STREET ADDRESS	2443 ROCKFILL RD.
CITY-ST-ZIP	ANN ARBOR MI	3.4 CITY-ST-ZIP	FT MYERS, FL 33916
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMES, FRANK	4.2 NAME	
STREET ADDRESS	2443 ROCKFILL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JOHN	5.2 NAME	
STREET ADDRESS	2442 ROCKHILL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
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	

800002194998
 -05/29/97--01078--029
 ***165.00
[Handwritten: RW 5-15-97]

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, checked, or on an attachment with an address.

SIGNATURE: *[Signature]* **John C Lee** **5/18/97** (941) 337-0400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)