

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H67854** (0)

1. Corporation Name

INDUSTRIAL DISTRIBUTORS OF SPECIALTY CHEMICALS, INC.



Principal Place of Business

**2757 NE 15TH STREET
FT LAUDERDALE FL 33304
US**

Mailing Address

**2757 NE 15TH STREET
FT LAUDERDALE FL 33304
US**

3. Date Incorporated or Qualified
07/22/1985

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21 **10010 REFLECTIONS BLVD**

2a. Mailing Address

26 **10010 REFLECTIONS BLVD**

4. FEI Number

59-2551947

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

Suite, Apt. #, etc.

22 **# 207**

Suite, Apt. #, etc.

27 **# 207**

City & State

23 **SUNRISE, FL**

City & State

28 **SUNRISE FL**

Zip

24 **33351**

Country

25 **BROWARD**

Zip

29 **33351**

Country

30 **BROWARD**

9. Name and Address of Current Registered Agent

**ASKEW, JOYCE M.
1140 S.W. 111TH TERRACE
DAVE FL 33324**

10. Name and Address of New Registered Agent

81 Name

ASKEW, JOYCE M

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

10010 REFLECTIONS BLVD

83

207

84 City

SUNRISE

FL

85 Zip Code

33351

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, typed or printed name of registered agent, if not applicable

Signature, typed or printed name of registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD ASKEW, JOYCE M.**
STREET ADDRESS **2757 NE 15TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **10010 REFLECTIONS BLVD #207**
1.4 CITY-ST-ZIP **SUNRISE FL 33351**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Joyce M. Asken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

954-746-4700
Display Street

CR2E034 (12/95)