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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

K04035

(7)

LINCL	LAS CHEMICAL COMPANY C		INC.	····					
Principal Place of Business  Mailing Address  1765 RAMBLING RIDGE CT. P.O. BOX 155 PALM HARBOR FL 34683  Mailing Address  1765 RAMBLING RIDGE CT. P.O. BOX 155 PALM HARBOR FL 34683						Date incorporated or Qualified   3a. Date of Last Report			
i right i willigh						3. Date incorporated or Qualified 11/24/1987		)4/21/199	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21	No. of the control of	Suite, Apt #, etc.				59-2856950			Not Applicable  Additional
Suite Apt	#, etc.	27				5. Certificate of Status Desired			Required
City & State	0	City & State				6. Election Campaign Financing			May Be
23	Carata	7.5.	Coun	ito:		Trust Fund Contribution  8. This corporation has liability for	intangible		1 to Fees 199.032
Ζφ <b>24</b>	Country 25	Ζφ <b>29</b>	30	· ( · y		Florida Statutes	s 🔲 No		
	g. Name and Address of Current					10. Name and Address of New	Registered	i Agent	
		.,,		81 N	ame				
	PATRICIA C.		<b>82</b> St		reet Addre	ess (P.O. Box Number is Not Accepta	ble)		
	AMBLING RIDGE CT.		<u> </u>	B3					
PALM F	HARBOR FL 34683							<b>85</b> Zy	o Code
	to the provisions of Sections 607.0502		ì		ity		F	느ㅣㅣ	
or register familiar wi	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid rith, and accept the obligations of Section	la: Such change was authori on 607.0505, Florida Statute	ized by the or is	orporat	non s boar	g or directors. Thereby accept the ap-	рен апчет с	is regis:cred	ngent ran
SIGNATURE .	Signature, typed or printed came of rug store Lager La	and stent apperable the	1011 Registeradu	Aprisy	ature regional		DATE		
12.	Signature, typed or profedicative of our store Lagric to OF FICERS AND	DIRECTORS	13.		ature requires	ADDITIONS/CHANGES TO OF			
<b>12.</b> TITCE	OFFICERS AND PSD		13. 1 : 10	lL <b>E</b>	advice response				DRS IN 12
12. TITCE NAME	OFFICERS AND PSD ORTIZ, PATRICIA C.	DIRECTORS	13. 1 1 111 12 NA	ILF ME					
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certify that the information indicated on this annual report or supplemental and obeside including to the exemption stated in Section 119 or John, Florida Statutes 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

5-6-96 787-5194