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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K62716

MACRA	MENT # K6271 AE CHEMICAL SERVICES, 1	<b>\</b>				[ <u>]                                    </u>
rincipal Place	e of Business	Mailing Address				IBNI BIYAK BIYAK BIRIN 1991
1121 N.W. 5TH AVENUE DELRAY BEACH FL 33444		1121 N.W. 5TH AVENUE DELRAY BEACH FL 33444				
				3. Date Incorporated or Qualifie	ľ	Last Report
Principal Pl	lace of Business	2a. Mailing Address		01/30/1989 4. FEI Number	(05/0	1/1995
}		26		65-0103782		Applied For Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional
l <u>-</u>		27		Certificate of Status Desired		Fee Required
City & State	e	City & State		6. Election Campaign Financing		<b>\$5.00</b> May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution		Added to Fees
T.	25	29	30	8. This corporation has liability for Florida Statutes	or⊪ntangibietaxu ′es ∏No	under's 199,032,
	9. Name and Address of Curre		1271	10. Name and Address of New		ent
			81 Name			
	E, KATHARINE		82 Street Add	lress (P.O. Box Number is Not Accept	tablel	
	W. 5TH AVENUE					
DELRAY	BEACH FL 33444		83			
			84 City			85 Zip Code
			1 1		FL	
familiar wit	to the provisions of Sections 607.050; red agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 607.1508, Florida Statu ida. Such change was authori tion 607.0505, Florida Stalute	ites, the above-named corpo zed by the corporation's boa s.	oration submits this statement for the pard of directors. I hereby accept the ap	ourpose of chang opointment as rec	ing its registered offi gistered agent. I am
familiar wit	th, and accept the obligations of, Sec Styrieture, typed or printed name of registered agen	tion 607.0505, Florida Stalute	tes, the above-named corporated by the corporation's boats.  OTE Registered Agent signature require  13.	ard of directors. Thereby accept the ap	Opointment as req	gistered agent. I am
familiar wit	th, and accept the obligations of, Sec Styrieture, typed or printed name of registered agen	tion 607,0505, Florida Statute	ZEO by the corporation's boals.  OTE: Registered Agent signature require	ard of directors. I hereby accept the ap	DATE FFICERS AND DI	gistered agent. I am
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SIGNATURE: SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

407-265-0131

Daytime Phone #