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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(8)

DOCUMENT # 1. Corporation Name SPARKLE CHEMICAL CO. INC.

	E OTEMBORE DO WAS								
Principal Place o	Mailing Address	dress			i ifi Ditiffia fiat mellet dertis Maten samme	FEIR MANUEL MINIS	<b>41811 81811 8</b>	(4841 #191) 1 <b>49</b> 1	
	IEADOWS WAY	% John E. Justice 9142 Green Meadows Way Palm Beach Gardens FL 33418						<del> </del>	
PALM BEACH	GARDENS FL 33418				3. Date Incorporated or Qualified 3a. Date of Last Report 01/05/1990 04/27/1995			•	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number		<b>⊢</b>	pplied For
21		26				65-0195165			lot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee F	Additional Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		Added	May Be I to Fees
<b>23</b> Zip	Country	Zip	Cou	intry		8. This corporation has liability for	ntangible ta	x under s	199.032,
24	25	29	30			Florida Statutes X Yes  10. Name and Address of New F	□ No	looni	
	9. Name and Address of Current	Registered Agent			Ness	10. Name and Address of New H	egistered /	- Gent	
				81	Name				
JUSTICE,	, John E. Een Meadow Way			82	Street Addr	ess (P.O. Box Number is Not Acceptat	łe)		
	ACH GARDENS FL 33418			83					
I ALM DE	NOT CARDENO I E CONTO			84	City			85 Zı	o Code
				1 1			FL		aciatored office
or registere familiar with	<ul> <li>the provisions of Sections 607.0502 and agent, or both, in the State of Florid n, and accept the obligations of, Sections</li> </ul>			corp	oration's boar	ation submits this statement for the purid of directors. I hereby accept the app	ointment as	registered	l agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable (NO	)16: Registere	d Ager	nt signature require	d when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13			ADDITIONS/CHANGES TO OFF		DIRECTO	Addition
TITLE	DP	☐ DELETE	DELETE 1.1				ı	Change	
NAME	JUSTICE, JOHN E.			1.2 NAME					
STREET ADDRESS	9142 GREEN MEADOW WAY		1.3 STREET ADDRESS						
CITY-S1-ZIP	PALM BEACH GRONS FL	DELETE		1.4 CITY - ST - ZIP 2 1 TITLE				Change	Addition
TITLE	DV ONEU V	Doccin		NAME		_			
NAME	SIMON, SHELLY 9142 GREEN MEADOW WAY				T ADDRESS				
STREET ADDRESS	PALM BEACH GRONS FL			2 4 CITY - ST - ZIP					
CITY-ST-ZIP TITLE	FACM BEAGIT GIBROTE	DELETE		TITLE				Change	Addition
NAME		_	32	NAME					
STREET ADDRESS			33	STREE	T ADDRESS				
CITY-ST-ZIP			3.4	CITY-	ST-ZIP				- Addition
TITLE		☐ DELETE	4. 1 31TL					Change	☐ Addition
NAME	1		4 2	NAMÊ	ļ				
STREET ADDRESS			- 1		T ADDRESS				
CITY-ST-ZIP				4.4 CITY - ST-ZIP				Change	Addition
TITLE		☐ DELETE	5. 1 ไม้		i i				
NAME				NAME	Į.				
STREET ADDRESS				5 3 STREET ADDRESS					
CITY - ST - ZIP				5.4 CITY - ST - ZIP 6 1 TITLE				Change	Addition
TITLE		[] Mich		NAME					
NAME					FT ADDRESS				
STREET ADDRESS				COTY.	. CT . 710				
CITY-S*-ZIP	y certify that the information supplied	with this filing is voluntarily fur	rnished ar	nd do	es not qualify	for the exemption stated in Section 11	9.07(3)(k), F	lorida Stat	utes. I further

I do nereby 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 chapted, or on an attachment with an address.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR