Control of Business     CHIMERA RESEARCH AND CHEMICAL. INC.     Control of Business     CHIMERA RESEARCH AND CHEMICAL. INC.     Control of Business     Mailing Address     Post OFFICE 80.217     Secretary of State      Control of Business     Notify Address     Post OFFICE 80.217     Secretary of State      Control of Business     Address     Post OFFICE 80.217     Secretary of State      Control of Business     Address     Post OFFICE 80.217     Secretary of State      Control of Busines     Post OFFICE 80.217     Secretary of State      Control of Busines     Post OFFICE 80.217     Secretary of State      Control of Busines     Post OFFICE 80.217     Secretary of State      Control of Busines     Post OFFICE 80.217     Secretary of State      Control of Busines     Post OFFICE 80.217     Secretary of Busines     Post OFFICE 80.217     Secretary     Secretary of Busines     Post OFFICE 80.217     Secretary	CORP ANNUA	ROFIT ORATION AL REPORT				Sandra B. Secretary	. Morthar y of State	n e			Apr 2		.ED 96 8	3:00	am	า
CHARGENA RESEARCH AND CHEMICAL, INC.  CHMERA RESEARCH AND CHEMICAL, INC.  Comparison of Business  Post OFFICE BOX 377  FOIL EXAMESS OF OFFICE BOX 377  FOIL EXAMESS OFFICE BO			63712						<b></b>		-					
Cool Place of Eventees  Name of Address  POST OFFICE BXX 2177  TATAF A 13300	Corporation N	Vanie		al, I	•	1										
POST 0980																
Name     Table / FL 3800     3. Date / Decryption of Coulding     3. Date / Decryption of Coulding     3. Date / Decryption of Coulding       Ymmody     28.     Maining Address     28.     Maining Address     28.     A FEI Number     04/17/1995       Ymmody     28.     78.     P. O. Dox 2.177     51.0106200     Intel Address     04/17/1995       Ymmody     28.     78.     <				PO	ST OFFICE B											
Partopol Phase of Business         Ze         Maing Address         Ze         Ze         Ze         Ze         Ze         Ze         Ze         Ze<	Minole FL 3	34642		TA	MPA FL 3360		#UU6	<b>.</b>				Qualified				
Suite Apl. #, etc.     201     Suite Apl. #, etc.     S. Certification of Status Desired     \$8.75 Additional       Chy & State     27     Chy & State     S. Certification of Status Desired     \$8.75 Additional       Chy & State     28     Tempo PT.     State Country     State Countr	Principal Plac	e of Business		1			177			4. FEI Num	Der		_h			<u> </u>
City & State     2/2     City & State     8     End fund Company Friendrig     \$5.00 May Be Added to Fries       Zity & State     28     TertTyp     FT.     Inscription Company Friendrig     Added to Fries       Zity & State     28     Country     30     Country     Inscription Company     Added to Fries       Zity & State     28     Country     30     H111Sborrugh     Find country     Find country     Added to Fries       B, Name and Address of Current Registered Agent     10     Name and Address of New Registered Agent     10     Name and Address of New Registered Agent       COHN, ROY W ESOURE     81     Street Address (PO. Box Number is Not Acceptable)     82     Street Address (PO. Box Number is Not Acceptable)       Size HeNDERSON BLVD.     83     Street Address (PO. Box Number is Not Acceptable)     83       Size HENDERSON BLVD.     84     City     FL     82     Zity Code       Fursavet to the provisions of Sections 607.0502 and 207.1503, Stutes, the above none docuporation is stored of dictors is number of the approximation of address of Nov Registered Agent     100       NUTUEF     Street Address 20     Corr (FCEPS AND DIPECTORS     100     ADD/TICHS/CHANGES TO DEFICIERS AND DIPECTORS IN 12       OFFICEPS AND DIPECTORS     10     DELETE     11 Mi.E     12 Mate     Corr (Carr) P     Addion       Street Addre	Suite, Apt. #,	, etc.					2177					Desired	X		3.75	Additional
Open interview       28 monomation       29 monomation       29 monomation       20 mono       20 mono       20 monomation	City & State					 , 174					• •			\$	5.00	May Be
B. Name and Address of New Registered Agent     10. Name     10. Name and Address of New Registered Agent     10. Name	Zip	►	ntry						oroug	<b>jh</b> Florida S	tatutes	Yes	No No			199.032,
COHN, ROY W ESOLIRE         3321 HENDERSON BLVD.         TAMPA FL 33609         Bit			dress of Current		ered Agent			81 N	Name	10. Name a	nd Address	of New R	legistere	d Agen	it	
3321 HENDERSON BLVD.     B3       TAMPA FL 33609     B4       64     City       64     City       64     City       64     City       64     City       64     City       65     64       66     City       66     City       67     64       68     64       68     64       69     City       68     64       69     City       69     City       60     City       70     City       70     City       70 </th <th>COHN. R</th> <th>oy w esquire</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>ress (P.O. Box N</th> <th>umber is No</th> <th>t Acceptab</th> <th>le)</th> <th></th> <th></th> <th></th>	COHN. R	oy w esquire								ress (P.O. Box N	umber is No	t Acceptab	le)			
TAMPA FL 33009  H  Cay  FL  Status  FL  Status FL  Status  FL  Status  FL  Status  FL  Status  FL  Status  FL  Status  FL  Status  FL  Status  FL  Status  FL  Status  FL  Status  FL  Status  FL  St										000 (						
Provisions of Sections 607 (6002 and 607, 1508, Floreds Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of Section 607 (6002 and 607, 1508, Floreds Statutes, the above named corporation's board of directors. I hereity accept the appointment as registered agent. I am femiliar with, and accept the obligations of Section 607 (6002 and 607, 1508, Floreds Statutes, the above named corporation's board of directors. I hereity accept the appointment as registered agent. I am femiliar with, and accept the obligations of Section 607 (6002 and 607, 1508, Floreds Statutes, the above registered agent, and the r																
De registered agent, or both, in the State of Floridal State Of Bodde State St															1 7.0	Code
E       SDT       Change       Addition         At       CARTER, JESSE M.       12 MANA       12 MANA         SET ADDRESS       31 STREET ADDRESS       13 STREET ADDRESS       14 CHY-S1-2P         F-ST-ZP       TAMPA FL 33606       14 CHY-S1-2P       Change       Addition         F-ST-ZP       TAMPA FL 33606       14 CHY-S1-2P       Change       Addition         F-ST-ZP       TAMPA FL 33606       14 CHY-S1-2P       Change       Addition         AE       SMTH, JACK V.       22 NANE       23 STREET ADDRESS       Addition         AE       SADDRESS       ST. PETERSBURG FL 33709       24 CHY-S1-2P	tampa fi	L 33609	actions 607.0502 a	and 607	7.1508, Florida	a Statutes authorize	s, the ab	84 (		ration submits th ard of directors. I	is statement	for the pu		L		aistored office
Fet ADDRESS       910 S. ROME AVENUE       1.3 STREET ADDRESS         I-ST-ZIP       Id CITY-ST-ZIP         E       PD       DELETE         SMITH, JACK V.       23 STREET ADDRESS         SGO5 42ND AVENUE NORTH       23 STREET ADDRESS         ST. PETERSBURG FL 33709       24 CITY-ST-ZIP         Change       Addition         Addition       31 Title         ST. PETERSBURG FL 33709       24 CITY-ST-ZIP         Change       Addition         AR       33 STREET ADDRESS         EEI ADDRESS       33 STREET ADDRESS         V-ST-ZIP       Change       Addition         V-ST-ZIP       24 CITY-ST-ZIP         Change       Addition         V-ST-ZIP       34 CITY-ST-ZIP         Change       Addition         V-ST-ZIP       24 CITY-ST-ZIP         Change       Addition         V-ST-ZIP       24 CITY-ST-ZIP         V-ST-ZIP       44 CITY-ST-ZIP         V-ST-ZIP       24 CITY-ST-ZIP         V-ST-ZIP       35 STREET ADDRESS <th>Pursuant to or registere familiar with</th> <th>L 33609 b the provisions of Se a agent, or both, in h, and accept the ob</th> <th>the State of Florida aligations of, Sectio</th> <th>a. Such on 607.0</th> <th>officatile.</th> <th>Statutes.</th> <th>E: Registerer</th> <th>84 ( ove-nar corpora</th> <th>med corpor ation's boar</th> <th>ed when reinstating)</th> <th></th> <th></th> <th>pose of c ointment</th> <th>L changing as regis</th> <th>g its re stered a</th> <th>gistered office agent. I am</th>	Pursuant to or registere familiar with	L 33609 b the provisions of Se a agent, or both, in h, and accept the ob	the State of Florida aligations of, Sectio	a. Such on 607.0	officatile.	Statutes.	E: Registerer	84 ( ove-nar corpora	med corpor ation's boar	ed when reinstating)			pose of c ointment	L changing as regis	g its re stered a	gistered office agent. I am
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E       PD       DELEFE       2 1 ITLE       Change       Addition         AE       SMITH, JACK V.       22 NAME       23 STREET ADDRESS       23 STREET ADDRESS         V-ST-ZIP       ST. PETERSBURG FL 33709       24 CITY-ST-ZP       Change       Addition         KE       DELETE       3 1 ITLE       Change       Addition         KE       DELETE       3 1 ITLE       Change       Addition         KE       DELETE       3 STREET ADDRESS       24 CITY-ST-ZIP	Pursuant to or registere familiar with SNATURE	L 33609 b the provisions of St ad agent, or both, in h, and accept the ob Signature, typed or printed in SDT CARTER, JESSI	the State of Florida are of registered egent a OFFICERS AND E M.	a. Such on 607.0	applicative.	Statutes.	TE: Registere 13. 1.1 <sup>°</sup> 1.2 M	d Agent s	med corpor ation's boar	ed when reinstating)			pose of c ointment	L changing as regis	g its re stered a	gistered office agent. I am
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1111 ST-2P 4. 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 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 certify that the information indicated on this annual report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name catholic the execute the same legal effect as if made under certify that the information or director of the execute the execute this report as required by Chapter 607, Florida Statutes; and that my name catholic the execute the execut	TAMPA FI	L 33609 b the provisions of Se ad agent, or both, in h, and accept the ob Signature, typed or printed in SDT CARTER, JESSI 910 S. ROME A TAMPA FL 3360 PD SMITH, JACK V 8505 42ND AVI	the state of Florida digations of, Sectio are of registered egent a OFFICERS AND E M. AVENUE 08 /. ENUE NORTH	a. Such on 607.0	DSO5, Florida S STORS DEL DEL DEL DEL DEL DEL	LETE LETE LETE LETE	It         RoogShore           13.         1.1           1.2         1.1           1.2         1.1           1.2         1.1           1.2         1.1           1.2         1.1           1.2         1.1           1.3         2           2         1           2.2         2.3           2.4(1)         3.1           3.3         3.4           4.1         4.2           4.3         3.4           5.1         5.2           5.3         5.4           6.1         6.2           6.3         5.3	84     Cove-nar       corpore       d Agent si       TITLE       vame       STREET AD       CITY-SI-       TITLE       NAME       STREET AD       CITY-SI-       NAME       STREET AD       CITY-SI-       NAME       STREET AD       CITY-SI-       NAME       STREET AD	aboress - ZIP -	ed when reinstating)			pose of c ointment	ND DIR Changing Ch Ch Ch	g its re- tered a ECTOF nange nange nange hange	gistered office agent. I am RS IN 12 Addition Addition