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

CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MENT # M149 HEMICAL EXCHANGE, IN	` '					
		-					
Principal Place	of Business	Mailing Address					
% MARVIN D. MICHAELS % MARVIN D. MICHAELS 1010 SW 86TH COURT 1010 SW 86TH COURT MIAMI FL 33144 MIAMI FL 33144							
		WIGHT 1E VOITY			3. Date Incorporated or Qualified 05/02/1985	3a. Date of Last 05/01/1	•
– '	ace of Business	2a. Mailing Address	ailing Address				Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.							Not Applicable
2		27	Solid, 7451. 47 Cid.		5. Certificate of Status Desired	7	75 Additional e Required
Crty & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country Zip 4 25 29			Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Ro	egistered Agent	
					1 Name		
	LS, MARVIN D.		82	2 Street Add			
1010 SV MIAMI F	V 86TH COURT		83	3			····
MINMIF	L 33144						
			84	City		FI [85]	Zip Code
SIGNATURE	h, and accept the obligations of, Sec Signature, typed or printed name of registered ago		S.		rd of directors. Thereby accept the appoint when reinstalling	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	FORS IN 12
TITLE	_		1 1 TITLE			Chang	e 🔲 Addition
NAME	MOYER, FRANK J. 7080 NW 49TH PLACE		1.2 NAME				
STREET ADDRESS CITY-ST-ZIP	LAUDERHILL FL			T ADDRESS			
THILE	D	[] DELETE	1.4 CITY - 2. 1 TITLE			Chang	e
NAME	MOYER, SHIRLEY		2.2 NAME				
STREFT ADDRESS	7080 NW 49TH PLACE		2.3 STREE	T AUDRESS			
C-1Y S1 - ZIP	LAUDERHILL FL		2 4 CITY -				
TITLE		☐ D€L€ TE	3 1 TITLE			Charg	e 🔲 Addition
NAME STREET ADDRESS			3 2 NAME				
CITY-ST-7IP			3 4 CITY -	ET ADDRESS			
TILE		DELETE	4. 1 TITLE	01.70		Chang	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - ST - ZIP			4.4 CITY -	ST-ZIP			
TITLE		☐ DELFTE	5 1 TITLE			Chang	Addition
NAME			5 2 NAME				
STREET ADDRESS				1 ADDRESS			
DITY - ST - ZIP		DELFTE	5 4 CITY - 6 1 TIBLE			Change	Addition.
NAME			6 2 NAME				, D vacition
STREET ADDRESS				I ADDRESS			
DITY-ST-ZIP			6 4 CiTY-				
14. I do hereby	certify that the information supplied	with this filing is voluntarily furn	nished and doc	es not qualify I	or the exemption stated in Section 119.0	7(3)(k), Florida Stat	utes I further

ceruly 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 3 if changed, or on an attachment with an address.

SIGNATURE:

IGNING OFFICER OR DIRECTOR