## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Jul 23 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # THE CHEMICAL EXCHANGE, INC. Principal Place of Business Mailing Address 8400 UNIVERSITY DR % MARVIN D. MICHAELS 1010 SW B6TH COURT **SUITE # 306** TAMARAC FL 33321 MIAMI FL 33144 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1985 FEI Number Applied For 59-2563176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent MICHAELS, MARVIN D. Name 1010 SW 86TH COURT reptable) 82 Street Addre **MIAMI FL 33144** 83 84 City MIDGRA 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am transfer with first every the obligations of, Section 607.0505, Florida Statutes. SIGNATURE registered agent and tale if applicable (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE MOYER, FRANK J. 1.2 NAME NAME 7080 NW 49TH PLACE STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MOYER, SHIRLEY NAME 22 NAME 7080 NW 49TH PLACE STREET ADDRESS 2.3 STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DLLETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1-2IP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliency tall accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the folicity of trustee empowered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in

**FILED**