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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State



M70922

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

DYE CHROME RESEARCH COMPANY, INC.

Country

Principal Place of Business Mailing Address 120 E WASHINGTONIA AVE. 120 E WASHINGTONIA AVE. P.O. BOX 969 P.O. BOX 969 LAKE PLACID FL 33852 LAKE PLACID FL 33852

26

28

FILED Feb 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

3. Date Incorporated or Qualified

03/07/1988 4. FEI Number

59-2874901

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

24	25	29	30			Personal Property Tax due June 30, 🔲 Yes 🔲 No	l
	g. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	
HOPKINS, HERBERT J. D					Name		
120 E. WASHINGTONIA AV.				82	Street A	ddress (P.O. Box Number is Not Acceptable)	\dashv
LAKE PLACID FL 33852							
				83			٦
				84	City	85 Zip Code	-
l				1		FL ()	İ
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, or 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE HERBERT J. HOPKINS, PRES. Hewart J. Hopkins J.D. Jan 27, 1998 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent/Signature required when reinstating) DATE							
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7
TITLE	PD		DELETE	1.1 TITLE		Change Addition	₁ }
NAME	HOPKINS, DR. HERBERT J.		i	1.2 NAME	1		
STREET ADDRESS	120 WASHINGTONIA AVE.		•	1.3 STREET ADDRESS			18
CITY-ST-ZIP	LAKE PLACID FL		1	1.4 CITY-ST	ZIP		8
TITLE	DST		DELETE	2.1 TITLE		☐ Change ☐ Addition	ন্
NAME	HOPKINS, MADELINE			2.2 NAME			- 1
STREET ACORESS	120 Washingtonia ave.		•	2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID FL			2, 4 CITY - ST - ZIP			_]
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	3.1 TITLE		☐ Change ☐ Addition	ì
NAME]	3.2 NAME			J
STREET ADDRESS				3.3 STREET A	ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP			
TITLE		L] I	DELETE	4.1 TITLE		Change Addition	١
NAME				4. 2 NAME			
Street Address				4.3 STREET A	ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST	- ZIP		_
TITLE		LJ.	DELETE	5.1 TITLE		L Change Addition	ı
NAME				5.2 NAME	- 1		ł
Street Address				5.3 STREET A	NODRESS		١
CITY-ST-ZIP				5.4 CITY-ST	- ZiP		_
TITLE			DELETE	6.1 TITLE		Change	i
NAME				6,2 NAME			
STREET ADDRESS			j	6.3 STREET A	ADDRESS		1
CITY-ST-ZIP	 	2d 4-2- fbt 2-		6.4 CITY - ST		D. O. W. 140 07/01/2 D. W. O. W. 16 15 15 15 15 15 15 15 15 15 15 15 15 15	4
14. I hereby certify that the information supplied with this filling 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 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							

in 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 a 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 changed, or on an attachment with an address.

SIGNATURE: Reibe

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable