## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

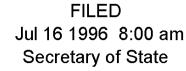
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9200007216 (4)

## SANCO PAPER AND CHEMICAL, INC.





Principal Place of Business Mailing Address						L IDERIODI THE LICENS LICEN ROLLS CONTRACTED BOTH ADDITI COMPARENT ALLER ALLE CONTRACT			
MM 8.5, U.S. 1 ROCKLAND KE		MM 8.5. U.S. 1 ROCKLAND KEY	MM 8.5. U.S. 1 ROCKLAND KEY FL 33040						
						11/23/1992 05			atc of Last Report 5/01/1995
2. Principal Pla	ace of Business	2a. Mailing Addre	988			4. FEI Number		-	Applied For
21		26				65-0370443			Not Applicab
Suite, Apt #	t, etc	Suite, Apt #,	etc			5. Certificate of Status Desired			75 Additional e Required
City & State		City & State				e Flasting Comparing Europeine			
23		28				Election Campaign Financing     Trust Fund Contribution			.00 May Be ded to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for	ntangible t		
24	25	29	30			Fiorida Statules	Yes 🗌	No	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	gistered A	gent	
SAR	ITI, SANFORD			81	Name				
U.S. 1, MILE MARKER 8.5					Street Add	dress (P.O. Box Number is Not Acceptable)			
	CKLAND FL 33040			-					
				83					
				84	City		<u></u>	85	Zip Code
				Ш.	l	poration submits this statement for the p	FL	1_1.	
SIGNATURE 12.	Signature typed or printed name of registers	ed agent and line if applicable SIAND DIRECTORS	(NOTE Register		nit signature requ	ired when reinstaling?  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIREC	TORS IN 12
TITLE	PT			TITLE	· · ·		Ι	Cha	
NAME	SARTI, SANFORD		121	NAME	1				
STREET ADDRESS	BUTTONWOOD DRIVE EA	AST	133	STREET	ADDRESS				
CITY - ST - ZIP	SUGARLOAF SHORES FL		141	01 <b>′</b> Y - 9	ST-ZIP				
TITLE	VS		LETE 21	TITLE			L	Cha	inge Additi
NAME	CASA, LAURA		22	NAME					
STREET ADDRESS	63 BAY DRIVE BAY POIN	ī	2 3 3	STREE	ADDRESS				
CITY - ST - Z:P	KEY WEST FL 33040	· · · · · · · · · · · · · · · · · · ·			ST-ZIP			1 0	11
TITLE		L DE	1	TITLE			L.	_ Cha	inge Additi
NAME				NAME					
STREFT ADDRESS			1		ADDRESS				
CITY-ST-ZIP				CITY -	ST-ZIP			Ch	ange Additi
TITLE				NAME			L.		
NAME STREET ADDRESS					T ADDRESS				
•					SI-ZIP				
CITY-ST-ZIP TITLE	ALAMAN, CAMP OF COURT OF CO.	T I Da		THLE	31-211			Chi	ange Additi
NAME				NAME			<u>-</u> -		<b>_</b>
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP					ST- <b>Z</b> IP				
TITLE		DI		TITLE				Ch.	ange Additi
NAME			62	NAME					
STREET ADDRESS			63	STREE	1 ADDRESS				
CITY - ST - ZIP					ST-ZIP				
14. I do hereb	by certify that the information sur	pplied with this filing is volu				alify for the exemption stated in Section	119.07(3)(k	), Flori	da Statutes I

4. To hereby certify that the information supplied with this lining is voluntarily furnished and obes not quality to the exemption stated in Section 119.0 (c)pty. Futhus a states if further certify that the information indicated on this annual report or supplemental annual report is frue 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 tho receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Daytine Finne #