

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

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95 APR 28 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000018999 (1)
1. Corporation Name
CONSULCHEM, INC.

Principal Place of Business Mailing Address
6170 SAND PINE COURT JUPITER FL 33458 **-6170 SAND PINE COURT- JUPITER FL-33458-**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	224 COUNTRY CLUB DRIVE	26	224 COUNTRY CLUB DRIVE	03/12/1993	05/01/1994
22	Suite, Apt. #, etc.	27	Suite, Apt. # etc.	4. FEI Number	Applied For
23	TEQUESTA FLORIDA	28	TEQUESTA	65-0393546	Not Applicable
24	33469	29	33469	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
PUGSLEY, JOHN M 6170 SAND PINE CT. JUPITER FL 33458		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
		JOHN M. PUGSLEY 224 COUNTRY CLUB DRIVE TEQUESTA FL 33469			

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: *[Signature]* DATE: 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGSLEY, JOHN M	1.2 NAME	John M Pugsley
STREET ADDRESS	6170 SAND PINE COURT	1.3 STREET ADDRESS	224 COUNTRY CLUB DRIVE
CITY, ST, ZIP	JUPITER FL 33458	1.4 CITY, ST, ZIP	TEQUESTA FLORIDA 33469
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), Florida Statutes. I further certify that the information included 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 13 of this report or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/25/95 407-743-9300

PRINT NAME AND TYPE OF SIGNING OFFICER OR DIRECTOR