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.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT** # P93000062895 (6) INTERNATIONAL CHEMICAL SOUTH, INC. Mailing Address Principal Place of Business P.O. BOX 69 1450 SOUTHWEST 10 ST DELRAY BEACH FL 33447 LINIT 6 3a. Date of Last Report 3. Date Incorporated or Qualified DELRAY FL 33444 03/03/1995 09/09/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 701 South Fost 6th trc 26 65-0447444 \$8.75 Additional Suite Apt #, etc 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Delrau Beach Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199 03? 23 Country Zip Ζφ Yes No Florida Statutes 30 29 24 Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name BIRKMAN, ARLAN H Box Number is Not Acceptable) bth Archul 82 Street Address 809 SE 8TH STREET DEERFIELD BEACH FL 33441 83 81111 (C 84 City Blach 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 1 am familiar with, and accept the obligations of Section 697,0505, Florida Statutes. SIGNATURE X (NOTE: Rog stered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 THILE TITLE CR2E034 1.2 NAME DALE, DONALD NAME 13 STREET ADDRESS 23371 MARABELLA CIRCLE SOUTH STREET ADDRESS 1 4 CITY - ST - ZIP **BOCA RATON FL 33433** Change Addition CITY-ST-ZIP DELETE 2111111 TITLE 2.2 NAME DALE, VICKI NAME 2 3 STREET ADDRESS 23371 MARABELLA CIRCLE SOUTH STREET ADDRESS 2 4 CITY - ST - ZIP **BOCA RATON FL 33433** Change Addition CITY - ST - ZIP DELETE 3 1 TITLE TITLE 3.2 NAMÉ 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-ST-ZIP Change Addition CITY - ST - ZIP DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 2IP Change Addition CITY-ST-ZIP DELETE 51 TITLE TITLE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Add tion CITY-ST-ZIP DELETE 61 TITLE TITLE 6 2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 119 07(3)(k). Florida Statutes I turther 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 logal 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 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address. 6.4 CHTY - ST - ZIP

PRINTED NAME OF SIGNING OFFICE

SIGNATURE: