

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000062895**

Corporation Name

INTERNATIONAL CHEMICAL SOUTH, INC.

Principal Place of Business

**340 N.W. 19TH AVENUE
LDG. 8 UNIT C
OMPAHO FL 33064
IS**

Mailing Address

**P.O. BOX 4667
DEERFIELD BEACH FL 33442**

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90014 008 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/09/1993	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0447444	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
DALE, DONALD		81 Name		8. This corporation owes the current year	
701 SOUTH EAST 6TH AVE SUITE 102		DALE, DONALD		Intangible Personal Property.	
DELRAY BEACH FL 33444		82 Street Address (P.O. Box Number is Not Acceptable)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23371 MIRABELLA CIR. SOUTH		83 23371 MIRABELLA Circle South			
BOCA RATON FL 33433		84 City			
		BOCA RATON			
		FL			
		85 Zip Code			
		33433			

I, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	DALE, DONALD	1.2 NAME	
REET ADDRESS	23371 MARABELLA CIRCLE SOUTH	1.3 STREET ADDRESS	
Y-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	
LE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	DALE, VICKI	2.2 NAME	
REET ADDRESS	23371 MARABELLA CIRCLE SOUTH	2.3 STREET ADDRESS	
Y-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
LE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

I, I hereby 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 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 if changed, or on an attachment with an address.

SIGNATURE:

Donald J. Dale

7/1/99 954-979-3999

CR2E034 (5/99)