1-30-97 B- 105'] -C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400034814 (1)

CHEMICAL & ENGINEERING RESOURCES, INC.

Principal Diago of Pusinger										
Principal Place of Business Mailing Address 3096 OVERBROOK DR. 3096 OVERBROOK DR.										
PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952-5										
							3. Date Incorporated or Qualified 05/05/1994	3a. Date of La 06/14/199		port
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For			
21			26				65-0491457 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State			City & State							
23	.c		28				Election Campaign Financing Trust Fund Contribution			May Be > Fees
Zip	Coun	try	Zip	Co	ountry	/	8. This corporation has liability for it			
24	25		29	30			Florida Statutes 🔲 Yes 📈 No			
	9. Name and Add	ress of Current	Registered Agent		$oxed{\Box}$		10. Name and Address of New Re	istered Agent	.,	
	Ban, William L				81	Name				
	8 OVERBROOK DR.		82 Street Add			dress (P.O. Box Number is Not Acceptab	le)			
POF	RT ST. LUCIE FL 349)52			83					
					84	City		FL 85	Zip C	Code
office or i	registered agent, or bo	th, in the State o	of Florida. Such char	nge was authoriz	ed by	y the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of chang t the appointme	ing its	registered registered
agent. I a	am familiar with, and ac	cept the obligat	tions of, Section 607	.0505, Florida St	atute	\$.				
SIGNATURE	Storiature, typied or printed na	an of radi broken	sed theil arelication	(NOTE Popiste	red do	ent eignature segu	ured when reinstating)	DATE		
12.		OFFICERS AND		13		ent alginatore requ	ADDITIONS/CHANGES TO OFFIC		CTOR	S IN 12
TITLE	D				TITLE			☐ Cha	ange	Addition
NAME	ORGAN, WILLIAM	L JR		1.2	NAME					
STREET ADDRESS	2189 DOLPHIN			1.3	STREET	I ADDRESS				
CITY - ST - ZIP	PORT ST. LUCIE	FL		1.4	CITY-5	ST-ZIP	7			
TITLE	D		□ D	ELETE 21	TITLE		1	☐ Cha	ange	- Addition
NAME	ORGAN, WILLIAM	L		22	NAME					
STREET ADDRESS	3096 OVERBROO			2.3	STREET	T ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE	FL 34952			CITY-	ST-ZIP		dis		
TITLE	D		∐ D	ELETE 3.1	TITLE			☐ Cha	ange	Addition
NAME	ORGAN, MARGAR			3.2	NAME					
STREET ADDRESS	3096 OVERBROO			3.3	STREE	T ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE	FL 34952				ST-ZIP	<u>,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			111122
TITLÉ	D LOWE LEGUE A		_ U		TITLE	i		i ch	ange	☐ Addition
NAME	LOWE, LESLIE A.				NAME					
STREET ADDRESS	564 CANDLER					1 ADDRESS				
CITY-ST-ZIP	ATLANTA GA					ST-ZIP		☐ Ch	20/10	Addition
TITLE			السا		TITLE			L.J UK	2-1មួល	
NAME CERCEL APORT OF					NAME					
STREET ADORESS						T ADDRESS				
CITY-ST-ZIP TITLE	<u> </u>		Пп		CITY - :	ST-ZIP		Ch:	2006	Addition
NAME			٦٠		NAME			L UIX	190	
STREET ADORESS						T ADDRESS				
OTTLE I MUUNICOO	1			0.3	JINLE	, ADDINESS				

6.4 CITY - ST - ZIP 14. I do 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 control of 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 trustees empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

I am an officer or director of the coappears in Block 12 or Block 13 if

FILED

Jan 30 1997 8:00am

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Secretary of State