

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 26 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000042275 (5)
 1. Corporation Name
ANA CHEM CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4699 N FED HWY 204-A POMPANO BEACH FL 33064 US	Mailing Address 4699 N FED HWY SUITE 204-A POMPANO BEACH FL 33064 US
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3. Date Incorporated or Qualified 06/06/1994	4. FEI Number 65-0496501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 4699 N. FED. HWY Suite, Apt. #, etc. 22 209 D City & State 23 POMPANO BEACH Zip 24 33064 Country 25 USA	2a. Mailing Address 26 4699 N. FED HWY Suite, Apt. #, etc. 27 209 D City & State 28 POMPANO BEACH Zip 29 33064 Country 30 USA
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9. Name and Address of Current Registered Agent
**BOSCH A & T SERVICES CORPORATION
 5440 N ST RD 7 SUITE 5
 FT LAUDERDALE FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HECKER, CHRISTIAN	
STREET ADDRESS	4699 N FED HWY #204-A	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HECKER, KARIN	
STREET ADDRESS	4699 N FED HWY #204-A	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HECKER, CHRISTIAN	
STREET ADDRESS	4699 N. FED. HWY # 209 D	
CITY-ST-ZIP	POMPANO BEACH FL. 33064	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HECKER, KARIN	
STREET ADDRESS	4699 N. FED HWY # 209 D	
CITY-ST-ZIP	POMPANO BEACH FL. 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	ANA CHEM CORP
1.4 CITY-ST-ZIP	209 D
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HECKER, CHRISTIAN
3.3 STREET ADDRESS	4699 N. FED. HWY # 209 D
3.4 CITY-ST-ZIP	POMPANO BEACH FL. 33064
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KARIN HECKER
4.3 STREET ADDRESS	4699 N. FED HWY # 209 D
4.4 CITY-ST-ZIP	POMPANO BEACH FL. 33064
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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: *Karin Hecker* **KARIN HECKER 2.3.98 (952) 944-7773**

CR2E034 (10/97)