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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State N OF CORPORATIONS

1996	A STATE OF THE PARTY OF THE PAR	DIVISIO
DOCUMENT #	P950000241	47

1. Corporatio	MENT # P950 G CHEM, CORP.	00024147 (7	7)	
Principal Place	e of Business	Mailing Address		
840 N.W. 91 PLANTATION	ST TERRACE N FL 33324	840 N.W. 91ST TERRA PLANTATION FL 3332		
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1995
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number Applied For Applied For Not Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		¢0.75
22		27		5. Certificate of Status Desired Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
<i>Z</i> _I p	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,
24	9. Name and Address of Curr	29	30	Florida Statutes 🔀 Yes 🗌 No
<u> </u>	9, Walle and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
GIORDA	NO, ALLAN A			
840 N.W	/. 91ST TERRACE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
PLANTA	TION FL 33324		83	
			84 City	■■ 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607 1508. Florida Statute	es the above named corpor	
or register familiar wit	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	rida. Such change was authorized ton 607.0505. Florida Statutes	ed by the corporation's board	ation submits this statement for the purpose of changing its registered office d of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE				
12.	Signature, typed or printed name of registered age	int and title if applicable (NO ND DIRECTORS	Tt: Registered Agent signature required	
TITLE	PO	DELETE	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	GIORDANO, ALLAN D	_	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	840 N.W. 91ST TERRACE		13 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP	
TITLE NAME		☐ DELETE	2. 1 TITLE	Change Addition
STREET ADDRESS			2.2 NAME	
CITY-ST-ZIP			2.3 STREET ADDRESS	
TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Chara C Allin
NAME			3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS			3.3 STHEET ADDRESS	
CITY-ST-ZIP			3.4 CITY - \$1 - ZIP	
TITLE		DELETE	4. 1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		□ Divere	4.4 CITY-ST-ZIP	
NAME		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		1	5 2 NAME	
CITY-ST-ZIP			5.3 STREET ADDRESS	
TITLE		DELETE	5.4 C(TY - ST - Z(P 6. 1 T(T) E	
NAME	·	i	6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	•		6.2 STOLET ADDOCCE	

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 119.07(3)(k), Fiorida 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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davis Davis

6.4 CITY-ST-ZIP

63 STREET ADDRESS

CHTY - ST - ZIP