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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000044445 (1)

CHEM DRILL, INC.

FILED Feb 04 1998 8:00am Secretary of State



						<u> </u>	 	AIDD BIN IBBI	
Principal Place of Business Mailing Address				1					
4182 S UNIVE DAVIE FL 333	RSITY DRIVE 28 - 3 00 6	4182 S UNIVERSITY DRIV DAVIE FL 33328 ~ 3 ~ 2				DO NOT WRITE	IN THIS SPACE		
					3 Date Incor	porated or Qualified	111 11110 017102		
					06/01/1				
2. Principal P	lace of Business	2a. Mailing Address	-		4. FEI Numbe			Applied For	
21		<u> </u>	26			194 19	ļ	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					□ \$8.7	5 Additional	
22		27	27			of Status Desired		Required	
City & State	0	City & State			8, Election C	Election Campaign Financing \$5.00 May Be			
23	28			Trust Fund Contribution			ed to Fees		
Zip	Country	Zip	Country			ration owes or has pa	id the current year	Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre	nt Registered Agent		.,		Address of New Re	gistered Agent		
MAGISTRO, CHARLES E				1 Nar	e				
4182 S UNIVERSITY DRIVE			E	2 Stre	et Address (P.O. Box Nu	mber is Not Acceptab	le)		
DA'	VIE FL 33328 ~ 3 🗝								
			8	3					
				4 City	■■ 85 Zip Code		in Code		
					FL T			' '	
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Statut	es, the abo	ve-nam	ed corporation submits to	nis statement for the p	urpose of changin	g 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									
12. OFFICERS AND DIRECTORS						CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	
TOTLE	M STD	☐ DELETE	1.1 TITL	=			Chang	ge 🔲 Addition	
NAME	IAME MAGISTRO, CHARLES E		1.2 NAM	E					
STREET ADDRESS 4182 S UNIVERSITY DRIVE			1.3 STREET ADDRESS		s				
CITY-ST-ZIP	DAVIE FL 33328 -3 006		1.4 CITY - ST - ZIP						
TOLE	DELETE DELETE		2.1 TITL	•			Chang	ge Addition	
NAME	PAGAN, ISMAEL		2.2 NAM	Ε					
STREET ADDRESS	4182 S UNIVERSITY DRIVE		2.3 STRE	E1 ADORE	s				
CITY-ST-ZIP	DAINE EL 00000 - /		2. 4 C(T)	r-S1-ZIP				İ	
TITLE	VPO-						Chang	ge Addition	
NAME	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		3.2 NAM	ΙE					
STREET ADDRESS	#1820 UNIVERSITY DR.			ET ADDRE	s			1	
CITY-ST-ZIP	Bush at 3 3 2 0 3 200			/-ST-ZIP					
TITLE			4.1 TITL			***********	☐ Chang	ge 🔲 Addition	
- NAME		_	4. 2 NAN	Æ					
STREET ADDRESS			4.3 STRE	ET ADORE	s				
CITY-ST-ZIP				- ST- ZIP				ŀ	
TITLE		☐ DELETE	5.1 TITL				Chang	ge Addition	
NAME			5.2 NAM	ΙE					
STREET ADDRESS			5 3 STR	ET ADDRE	s				
CITY-ST-ZIP				- \$1 - ZIP					
TALE	, , , , , , , , , , , , , , , , , , ,	DELETE	6.1 TITL				Chang	ge Addition	
NAME			6.2 NAM	ΙE				[
STREET ADDRESS				ET ADDRÉ	s .			ŀ	
				- ST- 71P				j	
CITY-ST-ZIP			9.4 GH	21-211	ted in Continu 440 07/0	(i) Elorido Statutos I	Listhan contifuthat	the information	

4. 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 it changed, or on an attachment with an address.

SIGNATURE

ISMAEL R

1-21-98 1954) 236-67

CR2E034 (10/97