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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044445

1. Corporation Name

CHEM DRILL, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90084 045 ***150.00



Principal Place	e of Business	Mailing Address					
4182 S UNIVERSITY DRIVE 4182 S UNIVERSITY DRIVE							
Davie Fl 33321 US	B-3006	DAVIE FL 33328-3006 US			DO NOT WRITE IN THIS SPACE		
03					3. Date Incorporated or Qualifed		
					06/01/1995	<u>. </u>	
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address		4, FEI Number Applied Fo)Į	
21		26			65-0589419 Not Applica	able	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	al	
27					5. Certificate bi Status Desired Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	,	
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	∟ Zíp –	Country	/	8. This corporation owes the current year Intangible	İ	
24	[25]	29 30			Personal Property Tax.		
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Registered Agent		
MAG	HSTRO, CHARLES E		["	Name	· · · · · · · · · · · · · · · · · · ·		
4182 S UNIVERSITY DRIVE			82	Street Ad	t Address (P.O. Box Number is Not Acceptable)		
	E FL 33328		83				
			84	City	85 Zip Code		
			ĺ		FL		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida. Such change was auth	norized by	the corpora	proration submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered	ea	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Age	nt signature zegu	uired when reinstating) DATE	-	
12.	OFFICERS ANI		13.	ik signalaro rode	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2	
TITLE	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ Ad		
NAME ,	MAGISTRO, CHARLES E		1.2 NAME	ĺ			
STREET ADDRESS	4182 S UNIVERSITY DRIVE		1.3 STREE	TADORESS)		ĺ	
CITY+ST-ZIP	DAVIE FL 33328		1.4 C/TY-S	IT-ZIP			
TMLE	PD	☐ DELETE	2.1 TITLE		. Change Ad	dition	
NAME	PAGAN, ISMAEL		2.2 NAME				
~STREET ADDRESS	4182 S UNIVERSITY DRIVE	and the same of th	2.3 STREE	TADORESS			
CITY-ST-ZIP	DAVIE FL 33328		2. 4 C(TY-	ST-ZIP			
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CITY-ST-ZIP			3.4. CITY-	ST- ZIP			
πιΕ		☐ DELETE	4.1 TITLE	<u> </u>	☐ Change ☐ Ad	idition (
NAME	•		4. 2 NAME				
STREET ADDRESS	,		4.3 STREE	T ADDRESS		- {	
CITY-ST-ZIP	<u> </u>		4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	-	☐ Change ☐ Ad	idition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS		1	
CITY-ST-ZIP			5.4 CITY-5	T-ZIP			
ħΠΕ		DELETE	6.1 TITLE	-	☐ Change ☐ Ad	dition (
NAME			6.2 NAME	ļ	•		
STREET ADDRESS			6.3 STREE	TADDRESS		{	
CITY-ST-ZIP			6.4 CITY-5	T-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 changes, or on an attachment with all other like empowered.

SIGNATURE: 1