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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	OCUMENT #	P95000046935	(9)
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FILED May 02 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1571 S LYONS CT 1571 S LYONS CT OVIEDO FL 32765 OVIEDO FL 32765-7598										
							3. Date incorporated or Qualified 06/15/1995	1 .	ate of Last 10/1996	
	ace of Business	2a- Mailing	Address				4. FEI Number		/	Applied For
Suite, Apt #	ll ote	26 Suito Ar	pt. #, etc.				59-3322057			Not Applicable Additional
2	*, G(C)	27	pr. w. otc.				5. Certificate of Status Desired			Required
City & State	,	City & Si	tate				6. Election Campaign Financing		\$5.0	O May Be
3		28		· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		Adde	d to Fees
Zip T	Country	Zip 29		Count	try		This corporation has liability for Florida Statutes		tax under No	s. 199.032,
4	9. Name and Address of C		ent	1301			10. Name and Address of New R			
NUS	S, RICHARD R			8	11 Nam	10			- F	
	S LYONS CT			E	2 Stre	et Addre	ess (P.O. Box Number is Not Accepta	able)		
	DO FL 32765			Ĺ						
				8	13					
				8	4 City		·····	FL	85 Zi	p Code
11 Durament to	a the provisions of Sections 60	7 0E02 and 607 1508	Florida Statu	des the abr	We-nam	ad corne	oration submits this statement for the			ite registered
CHEMINATER							oration submits this statement for the on's board of directors. I hereby acco			
SIGNATURE S	Signar we syptio or printed name of register	replayert and title if applicable S AND DIRECTORS			Agent signa		nd when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE		DRS IN 12
SIGNATURE S 12. TITLE	Signar se apolo de printed name of register OFFICER: D NUSS, RICHARD R	replayert and title if applicable S AND DIRECTORS	. (NO	TE: Registered A 13. 1.1 TITL 1.2 NAM	Agent signa E	ture require	ad when reinstalling)	DATE	DIRECTO	DRS IN 12
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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 3 if changed, or on an attachment with an address.

(407)365-0915