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 # **P95000073842**1. Corporation Name

AMERICAN CHEMICAL CORPORATION

D										
Principal Place of Business Mailing Address										
2061 SW 70 AVE 2061 SW 70 AVE							•			
STE F-17, STE F-17 DAVIE FL 33317 DAVIE FL 33317						DO NOT WRITE IN THIS SPACE				
DAVIE FL 33317 US . DAVIE FL 33317 US . US							3. Date Incorporated or Qualifed			
°° ,							09/22/1995			
2 Principal P	lace of Rusinage	2a. Mailing Address					-El Number			
- · · · · · · · · · - · - · - · - · - · - · · - · · · · · · - ·									Applied For	
26 Suite, Apt. #, etc. Suite, Apt.			# ata				<u>65-0615926</u>		Not Applicable	
_	#, etc.	Suite, Apt. #, etc.				5. 0	Certifcate of Status Desired		Additional	
22		City & State							Required	
City & Stat	e	City & State				1	Election Campaign Financing		May Be	
23		Zip Country				Trust Fund Contribution Added to Fees				
Zip				6. This corporation owes the darront year minargine			mic.			
24	25	29	30			J		☐Yes	A No	
	9. Name and Address of Current	Registered Agent		81		10. 1	Name and Address of New Registered A	gent		
MCD	ONOUGH, JEANNINE	•		01	Name					
			F	82	Street Address	ss (P.C	D. Box Number is Not Acceptable)			
2061 SW 70TH AVE., STE. F-17						`				
UAVI	IE FL 33317			83				1. 1. 1.	13 [1]	
			-	84	City			los 75	000	
				04	City		FL	85 Zip	Code	
office or r agent: I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	uthorized	by ti	-named corpora he corporation's	ration s n's boar	submits this statement,for the purpose of c rd of directors. I hereby accept the appoint	hanging it ment as i	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE:	Registered A	Agent	signature required wh	when rein	nstating) DATE			
12.	OFFICERS AND		13.		organization in equation in the		DDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	Р	☐ DELETE	1.1 TITL	E			· ·	Change		
NAME	BRAUSER, GERRI		1.2 NAM					_ •	_	
STREET ADDRESS	6221 SW 14TH ST.				ADDRESS		·			

CITY-ST-ZIP	PLANTATION FL 33317 V	☐ DELETE	1.4 CHT		ZIP			Change	Addition	
TITLE	•		2.1 TITL					Change	Addition	
NAME	BRAUSER, RALPH		2.2 NAM							
STREET ADDRESS	6221 SW 14TH ST.				ADDRESS					
CiTY-ST-ZIP	PLANTATION FL 33317		2. 4 CIT		- ZIP					
TITLE 1.52	ST	☐ DELETE	3.1 TITL				•	Change	Addition	
NAME	MCDONOUGH, JEANNINE		3.2 NA	Æ						
STREET ADDRESS	1330 NW 78TH AVE.	•	3.3 STR	EET A	ADDRESS			,. ·	5 - 13	
CITY-ST-ZIP	PLANTATION FL 33322		3.4. CIT	Y- \$T-	- ZIP			<u> </u>	,	
TITLE		☐ DELETE	4.1 TITL	.E			•	Change	Addition	
NAME .			4. 2 NA	ME					•	
STREET ADDRESS			4.3 STR	EET A	NODRESS		•			
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP					
TITLE		☐ DELETE	5.1 TITL					☐ Change	Addition	
NAME			5.2 NAM	Æ	j			-		
STREET ADDRESS			FACTO	FET A	ADDRESS					
CARLE AUDITEDO			2.3 2 14							
CITY_ST_ 7ID	÷		5.4 CITY							
CITY-ST-ZIP	* 14.			/-ST-				□ Channe	Addition	
CITY-ST-ZIP TITLE NAME	* * * * * * * * * * * * * * * * * * *	☐ DELETE	5.4 CITY	r-st- E				Change	Addition	

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 it changes; or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATUR

CITY-\$T-ZIP

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90047 031 ***150.00