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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Mar 05 1997 8:00am

Secretary of State

(96/6)

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600005403 (6)

ACTION CHEMICAL TECHNOLOGIES INCORPORATED

Principal Place of Business Mailing Address 847 SOUTH LAKE JESSUP AVENUE 847 SOUTH LAKE JESSUP AVENUE OVIEDO FL 32765-9326 OVIEDO FL 32785 3. Date Incorporated or Qualified 3a. Date of Last Report 01/18/1996 2. Principal Place of Business 2a. Mailing Address Applied For 69-3365102 Not Applicable 21 Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No Zip Country Zip 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOEGE, ARTHUR G **847 SOUTH LAKE JESSUP AVENUE** Street Address (P.O. Box Number is Not Acceptable) **OVIEDO FL 32765** 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or with, 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 farmular with, and adject the obligations of, Section 607.0505, Florida Statutes. 24 Fee 97 SIGNATURE. (NOTE Registered Agent signature required when reinstating) d agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. RS AND DIRECTORS 13. DELETE Change Addition TITLE 11 TETLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-SY-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP DITY-ST-ZIP ■ Addition DELETC 61 TITLE THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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

or on an attachment with an address.