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

PROFIT CORPORATION **ANNUAL REPORT**

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600038087 (8)

CHEMCO DEVELOPMENT GROUP, INC.

Principal Place of Business Mailing Address 524 24TH STREET 524 24TH STREET WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407-5404 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-066825 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COOK, ROBERT B 11911 U.S. HIGHWAY ONE, SUITE 210 Street Address (P.O. Box Number is Not Acceptable) **NORTH PALM BEACH FL 33408** 83 84 City 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 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, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) 🔲 DELETE Change Addition TITLE 1.1 TITLE SCHWACK, STEVE NAME 1.2 NAME 134 THORNTON DRIVE STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33418 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAMI STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 DITY-ST-ZIP Change Addition ☐ DELETE TITLE 61 HILE

> 6.2 NAME 6.3 STREET ADDRESS

6 4 CITY - S1 - ZIP

14. I do hereby certify that the information supplies information indicated on this annual report I am an officer or director of the corporate

appears in Block 12 or Block 13 if ch

NAME

STREET ADDRESS

CITY-ST-ZIP

pacturate and that my signature shall have the same logal effect as if made under oath, that execute this report as required by Chapter 607, Florida Statutes, and that my name

of qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the part is true and accurate and that my signature shall have the same local effect of it.

FILED

May 14 1997 8:00am

Secretary of State