**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90106 027 \*\*\*150.00

## 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 # P96000063921

1. Corporation Name

MULTIPLE CHEMICAL SENSITIVITIES, INC.

Principal Place of Business Mailing Address			ddress			( CONTINUE TITLE CHILL BRITE OF THE POLICE OF THE TITLE FOR THE STATE THE POLICE FOR THE POLICE
,			231 SE 9TH AVENUE			•
APT. 5	ENDE	APT. 5				
POMPANO BEACH FL 33060			POMPANO BEACH FL 33060			DO NOT WRITE IN THIS SPACE
us						3. Date Incorporated or Qualifed
						07/29/1996
Principal Place of Business     Za. Mailing Add			ng Address	Address		4. FEI Number Applied For
21			26			65-0682786   Not Applicable   \$8.75 Additional
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22			City & State			
City & State	9	<u> </u>	<del></del>			6. Election Campaign Financing  Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip Country			Zip Country			This corporation owes the current year Intangible
				_ `		Personal Property Tax.
24	25 25 Of Currer	29		<u> </u>		10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10. Name and Address of N 81 Name						
CAS	tro, ralph J C					
2192 NE 56TH COURT			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33308				83		
The board of the state of the s						
				84	City	FL 85 Zip Code
44	to the provinces of Pagtions 607.050	12 and 607 150	18 Florida Statutes	the above	e-named co	progration submits this statement for the purpose of changing its registered
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.						
agent. I a	m familiar with, and accept the obliga	itions of, Section	on 607.0505, Florid	a Statutes	•	
SIGNATURE	Signature, typed or printed name of registered age	at and title if explice	NOTE: R	enistered Aner	d signature regu	uired when reinstating) DATE
12.	OFFICERS AN			13.	it orginatare raqu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	<u> </u>	DELETE	1.1 TITLE	T	Change . Addition
NAME	CHEVALIER, DOUGLAS J JR.			1.2 NAME		·
STREET ADDRESS	16 WORTHEN STREET				TADORESS	
	WEST SPRINGFIELD MA 0108	<b>a</b>		1.4 CITY-S	1	·
CITY-ST-ZIP TITLE	A		DELETE	2.1 TITLE	,- ZIF	☐ Change ☐ Addition
NAME	CHERALIEA, DOUGLAS			2.2 NAME		ر ما در این این از اولای در این این این است. است. این
1	931 SE 9TH AVE APT 5				TADDRESS	
STREET ADDRESS	POMPANO BEACH FL			2.4 CITY-S		
CITY-ST-ZIP TITLE	FORM AND BEAUTITE		DELETE	3.1 TITLE	77-211	☐ Change ☐ Addition
				3.2 NAME		
NAME OTDEET ADDDESS					TADDRESS	to the state of th
STREET ADDRESS				3.4. CITY-S		
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE	71-211	☐ Change ☐ Addition
				4. 2 NAME		
NAME					TADDRESS	
STREET ADDRESS						
CITY-ST-ZIP			☐ DELETE	4.4 CITY-S 5.1 TITLE	1-417	☐ Change ☐ Addition
TATLE				5.2 NAME		
NAME				l	TADDRESS	ł
STREET ADDRESS				5.4 CITY-S	1	
CITY-ST-ZIP			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE				6.2 NAME		· · · · · · · · · · · · · · · · · · ·
NAME				1	TADDRESS	·
STREET ADDRESS			6.4 CITY-S			
CITY-ST-ZIP	I			0.4 CH T-3	11-21F	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP