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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067123 (5)

S&FC	HEMICAL CORP.				
Principal Plac	e of Business	Mailing Address		i induced and facilit provendill bitting and i	DEGLO Extra sonor contestando vivi fort
8242 6TH AVENUE SOUTH 6242 6TH AVENUE SOUTH ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707					
				3. Date Incorporated or Qualified 08/09/1996	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number AL 59-33	304756 Applied For
21 Suite, Apt.	# ala	Suite, Apt. #, etc.		224351253	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	Θ.	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Reg	istered Agent
	HOW, ALEX		81 Name		
6242 6TH AVENUE SOUTH			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
ST. PETERSBURG FL 33707					
			83		
			84 City		85 Zip Code
44 Durawant	to the proviolence of Continue 607 DEC	22 and CO7 1500 Florida Statut	and the above remark new	poration a physica this at-tomost for the pu	FL 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 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	Sil reliure, typed or printed hame of registered age	ALEKANDE	E. Registered Agent signature requi		10/5/
12.4		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE .	PO	DELETE	1.1 1ITLE		Change Addition
NAME	KARETKIN, YURY		1.2 NAME		
STREET ADDRESS	6242 6TH AVENUE SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33707		1.4 CITY-ST-ZIP		
TITLE	VPD	DELETE	2.1 TITLE		Change Addition
NAME	LOCHOW, ALEX		2 2 NAME		
STREET ADORESS	6242 BTH AVENUE SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33707		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DOUTT	3 4. CITY-ST-ZIP		Oberes Addition
TITLE		☐ DELETE	4.1 1ITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		-^
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.4 CITY- ST- ZIP 5.1 TITLE	<i>N/W</i>	Change Addition
NAME			5.2 NAME	₽, U /	b E onlinge
STREET ADDRESS			5.3 STREET ADDRESS	` 1,\)
CITY-ST-ZIP			5.4 City - St - ZiP	ν,	
TITLE		DELETE	6.1 NTLE		Change Addition
NAME			6.2 NAME	60000220 -06/10/970100	57 4 5
Street adoress			6.3 STREET ADDRESS		ZUZI
CITY OF TID			64617 67 710	***165.00	

14. Ido hereby certify that the information supplied with this filing does not equify 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 attay hment with an address.

Marie Vander Con Roses

04/10/17/8/2/2/11 02

FILED

May 28 1997 8:00am

Secretary of State