

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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90040 035 \*\*\*150.00

DOCUMENT # P96000067123

1. Corporation Name  
S & F CHEMICAL CORP.



Principal Place of Business  
6242 6TH AVENUE SOUTH  
ST. PETERSBURG FL 33707

Mailing Address  
6242 6TH AVENUE SOUTH  
ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 407 CENTRAL AVE Suite, Apt. #, etc. 22 204 City & State 23 ST. PETERSBURG FL Zip 24 33701		2a. Mailing Address 26 P.O. BOX 2725 Suite, Apt. #, etc. 27 City & State 28 ST. PETERSBURG, FL Zip 29 33701 Country 30 USA		3. Date Incorporated or Qualified 08/09/1996		4. FEI Number 59-3304756		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
				6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent LOCHOW, ALEX 6242 6TH AVENUE SOUTH ST. PETERSBURG FL 33707				10. Name and Address of New Registered Agent 81 Name ALEXANDER LOCHOW, ALEXANDER 82 Street Address (P.O. Box Number is Not Acceptable) 407 CENTRAL AVENUE # 204 83 84 City ST. PETERSBURG FL 85 Zip Code 33701			
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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 ALEXANDER LOCHOW 04/24/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARETKIN, YURY			1.2 NAME	KARETKIN, YURY		
STREET ADDRESS	6242 6TH AVENUE SOUTH			1.3 STREET ADDRESS	P.O. BOX 2725		
CITY-ST-ZIP	ST. PETERSBURG FL 33707			1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	UPD LOCHOW, ALEXANDER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOCHOW, ALEX			2.2 NAME	P.O. BOX 2725		
STREET ADDRESS	6242 6TH AVENUE SOUTH			2.3 STREET ADDRESS	ST. PETERSBURG, FL 33701		
CITY-ST-ZIP	ST. PETERSBURG FL 33707			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: ALEXANDER LOCHOW 04/24/99 (727) 415-0606  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0425463

CR2E034 (11/98)