SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name P97000010799 (9)

CHEMSTAR RESEARCH, INC.

Principal Place of Business 12184 WEST SAMPLE ROAD CORAL SPRINGS FL 33065

CITY-ST-ZIP

Mailing Address

12164 WEST SAMPLE ROAD CORAL SPRINGS FL 33065

FILED Jul 13 1998 8:00am Secretary of State



716198

| COLUMN STATEMENT OF THE | | 0011112 01 1111100 1 2 00000 | | DO NOT WRITE IN THIS SPACE | |
|--|--|-------------------------------------|-----------------------------------|---|--|
| | | | | 3. Date Incorporated or Qualified 01/30/1997 | |
| 2. Principal P | Place of Business | 2a. Mailing Address | ^ | 4. FEI Number | Applied For |
| 21 1104 | Sunsel Slrip | 26 P.O. CXX | 9551 | 65-0757780 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | | City & State | | 6. Election Campaign Financing | \$5,00 May Be |
| 23 500 | inse ti. | 28 COON SON | mas 12 | Trust Fund Contribution | Added to Fees |
| Zip 24 333 | Country 25 \) S.F. | Zip 220:15 | country | This corporation owes or has paid the corporation Property Tax due June 30. | urrent year Intangible |
| | 9. Name and Address of Curre | | · <u>··</u> | 10. Name and Address of New Registers | d Agent |
| KHALIL, ANGELA 81 Name | | | | | |
| | 34 WEST SAMPLE ROAD | | | | |
| CORAL SPRINGS FL 33065 | | | | Address (P.O. Box Number is Not Acceptable) | |
| 83 1100 50150 T | | | | | |
| 1 | | | | | |
| | , | | 84 City | nnse F | L 85 Zip Code 333313 |
| 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 | | | | | |
| SIGNATURE | Signature, broad or printed name of registered age | ent and little if applicable. (NOTI | E: Registered Agent signature req | julred when reinstating) DATE | 1 - 1 - C) |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS / | ND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | | Change Addition |
| NAME | KH al il, angela | | 1.2 NAME | | |
| STREET ADDRESS | 12164 WEST SAMPLE ROAD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | | 1.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 2.1 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | • | ·. |
| CITY-ST-ZIP | } | | 2.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | □ Dete ie | 3.2 NAME | | Change Chydrinos |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| 1 | | | | | |
| CITY-ST-ZIP TITLE | | T AFIE | 3.4 CITY-ST-ZIP 4.1 TITLE | | 0 |
| 1 1 | | DELETE | | | Change Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | 200002588: -07/14/9801050 | 192 V., |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | -07/14/9801050 | ·008 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | ***150.00 | 1.11 |

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.



CHEMSTAR RESEARCH, INC. P.O. BOX 9551 CORAL SPRINGS, FL. 33075 TOLL FREE # 1-888-375-3375 FAX # 1-954-316-5899

To Whom it may Concern,

As per my conversation with one of your representatives I am enclosing my filing fee of \$150.00. The first notice was sent to an old address and we never received it. The second notice however was sent to our p.o. box. You were notified of our address change but somehow did not change it in your system. Please note the change on the enclosed form.

Sincerely,

Angela Khalil
President