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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000088373

1. Corporation Name

THE CHEM-SHOPPE, INC.

562/17 - 90004 - 44



Principal Place of Business

4021 SOUTH 50TH ST.
TAMPA FL 33619

Mailing Address

4021 SOUTH 50TH ST.
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4021 South 50th St	26	SAME	10/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
N/A				59-3476143	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
TAMPA F.L				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
33619		USA			

9. Name and Address of Current Registered Agent

SPARKS, DAVID W
 4021 SOUTH 50TH ST.
 TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name AJANI JAMAL
 82 Street Address (P.O. Box Number is Not Acceptable)
 4021 South 50th Street
 83
 84 City TAMPA FL 85 Zip Code 33619

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, handwritten name of registered agent and date of registration

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DV
NAME	SPARKS, DAVID W	1.2 NAME	JAMAL AJANI
STREET ADDRESS	4021 SOUTH 50TH ST.	1.3 STREET ADDRESS	4021 South 50th Street
CITY-ST-ZIP	TAMPA FL 33619	1.4 CITY-ST-ZIP	TAMPA FL 33619
TITLE	DP	2.1 TITLE	DP
NAME	SPARKS, MICHELLE D	2.2 NAME	JAMAL AJANI
STREET ADDRESS	4021 SOUTH 50TH ST.	2.3 STREET ADDRESS	4021 South 50th Street
CITY-ST-ZIP	TAMPA FL 33619	2.4 CITY-ST-ZIP	TAMPA F.L 33619
TITLE	DTS	3.1 TITLE	DTS
NAME	JAMAL, AJANI	3.2 NAME	JAMAL AJANI
STREET ADDRESS	4021 SOUTH 50TH ST.	3.3 STREET ADDRESS	4021 South 50th Street
CITY-ST-ZIP	TAMPA FL 33619	3.4 CITY-ST-ZIP	TAMPA F.L 33619
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)