

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000104241 (9)
 1. Corporation Name
DELL CHEMICAL CO.



Principal Place of Business P.O. BOX 811436 BOCA RATON FL 33481	Mailing Address P.O. BOX 811436 BOCA RATON FL 33481
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/10/1997

2. Principal Place of Business 21 DELL CHEMICAL CO	2a. Mailing Address 26 DELL CHEMICAL CO
Suite, Apt. #, etc. 22 19489 WATERS RANCH CT #101	Suite, Apt. #, etc. 27 PO BOX 811436
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL 33481
Zip 24 33434	Country 25 PALM BEACH
Country 29 FL	Zip 30 33434

4. FEI Number 22-3202034	Applied For <input type="checkbox"/> 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 <input checked="" type="checkbox"/> has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
LOMBARDI, JOSEPH
19489 WATERS RANCH CT. #101
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 *Joseph Lombardi* *Joseph Lombardi* *Joseph Lombardi* *2/16/98*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	JOSEPH LOMBARDI
STREET ADDRESS	19489 WATERS RANCH CT #101
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	V. PRES. <input type="checkbox"/> DELETE
NAME	BARBARA DEGNAN
STREET ADDRESS	19489 WATERS RANCH CT #101
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	SEC. <input type="checkbox"/> DELETE
NAME	JOSEPH ROMANO
STREET ADDRESS	19489 WATERS RANCH CT #101
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE *Joseph Lombardi* *Joseph Lombardi* *Joseph Lombardi* *2/16/98*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

CR2E034 (10/97)