

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

FILED
Mar 12 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 # S35921 (3)
1. Corporation Name
BAY TECH CHEMICAL COMPANY



Principal Place of Business 18535 FEATHER SOUND DRIVE SUITE 400 CLEARWATER FL 34622-5587	Mailing Address 13535 FEATHER SOUND DRIVE SUITE 400 CLEARWATER FL 34622-5587
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/06/1991

2. Principal Place of Business 21 12385 AUTOMOBILE BLVD Suite, Apt. #, etc. 22 City & State 23 CLEARWATER FL Zip 24 33762 Country 25 USA	2a. Mailing Address 26 12385 AUTOMOBILE BLVD Suite, Apt. #, etc. 27 City & State 28 CLEARWATER FL Zip 29 33762 Country 30 USA	4. FEI Number 59-3050144 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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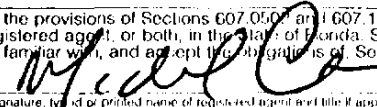
9. Name and Address of Current Registered Agent

MCLEOD, PHILIP A
300 FIRST AVE S
SUITE 401
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name Cronin, Michael T. 82 Street Address (P.O. Box Number is Not Acceptable) 911 Chestnut Street 83 84 City Clearwater 85 Zip Code FL 33756

11. Pursuant to the provisions of Sections 607.0505 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  DATE 3/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, WILLIAM R	1.2 NAME	
STREET ADDRESS	420 W 99TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTERRE, BARRY J	2.2 NAME	PSTD
STREET ADDRESS	2217 WINDSONG CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 proprietor 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:  Barry J. Santerre 3/3/98 (813)578-4545

CR2E034 (10/97)