

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 24 1996 8:00 am  
Secretary of State

DOCUMENT # **V10426** (7)

1. Corporation Name

**TECHNICAL CHEMICALS AND PRODUCTS, INC.**

Principal Place of Business

Mailing Address

**3341 SW 15TH STREET  
POMPANO BEACH FL 33069  
US**

**P.O. BOX 8726  
FT. LAUDERDALE FL 33310-872  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ARONOWITZ, JACK L.  
6591 SKYLINE DR.  
DELRAY BEACH FL 33446-2205**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and true if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **ARONOWITZ, JACK L.**  
STREET ADDRESS **6591 SKYLINE DR.**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **V** ☐ DELETE  
NAME **LAIRD, CLEVE W.**  
STREET ADDRESS **1420 LOS ANGELES AVE. #204-B**  
CITY-ST-ZIP **SIMI VALLEY CA**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **VP COO** ☐ Change ☒ Addition  
12 NAME **GURKIN, MARTIN**  
13 STREET ADDRESS **414 BRIARWOOD CIRCLE**  
14 CITY-ST-ZIP **HOLLYWOOD, FL. 33024**

21 TITLE **VP CFO** ☐ Change ☒ Addition  
22 NAME **PIPPERT, JOHN E.**  
23 STREET ADDRESS **7458 BRYSON COURT, LK WORTH, FL 33467**  
24 CITY-ST-ZIP

31 TITLE **VP COO** ☐ Change ☒ Addition  
32 NAME **SPENCER, THOMAS S**  
33 STREET ADDRESS **1330 O'BRIEN DRIVE, MENLO PK, CA 94025**  
34 CITY-ST-ZIP

41 TITLE **VP CFO** ☐ Change ☒ Addition  
42 NAME **STREGER, STUART R.**  
43 STREET ADDRESS **9021 SW 122 Avenue, MIAMI, FL 33186**  
44 CITY-ST-ZIP

51 TITLE **VP BD** ☐ Change ☒ Addition  
52 NAME **PIITTS, ROBERT G**  
53 STREET ADDRESS **1330 O'BRIEN DRIVE, MENLO PK, CA 94025**  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

7/26/96

954 971-0400

Date

Daytime Phone #

CR2E034 (3/96)