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**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90049 028 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V10426**

1. Corporation Name

**TECHNICAL CHEMICALS AND PRODUCTS, INC.**

Principal Place of Business

3341 SW 15TH STREET  
POMPANO BEACH FL 33069  
US

Mailing Address

P.O. BOX 9748  
FT. LAUDERDALE FL 33310-872  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/30/1992**

4. FEI Number

**65-0308922**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PDC  
NAME Aronowitz, Jack L.  
STREET ADDRESS 3341 SW 15 St.  
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE D  
NAME Gurkin, Martin  
STREET ADDRESS 3341 SW 15 St.  
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE VCFO  
NAME Streger, Stuart  
STREET ADDRESS 3341 SW 15 St.  
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE VGC  
NAME Eckhaus, Jay E.  
STREET ADDRESS 3341 SW 15 St.  
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE D  
1.2 NAME Buterbaugh, Noel  
1.3 STREET ADDRESS 3341 SW 15 St.  
1.4 CITY-ST-ZIP Pompano Beach, FL 33069

2.1 TITLE D  
2.2 NAME Harrigan, Kathryn  
2.3 STREET ADDRESS 3341 SW 15 St.  
2.4 CITY-ST-ZIP Pompano Beach, FL 33069

3.1 TITLE D  
3.2 NAME Rautbord, Clayton  
3.3 STREET ADDRESS 3341 SW 15 St.  
3.4 CITY-ST-ZIP Pompano Beach, FL 33069

4.1 TITLE D  
4.2 NAME Reimer, Stanley  
4.3 STREET ADDRESS 3341 SW 15 St.  
4.4 CITY-ST-ZIP Pompano Beach, FL 33069

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

**Jay E. Eckhaus**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/99**  
Date

**954/999-0400**  
Daytime Phone #

CR2E034 (11/98)