

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION - ANNUAL REPORT 1996



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

DOCUMENT # **V31931 (1)**
1. Corporation Name
CHEMATICS OF THE SOUTH, INC.



Principal Place of Business: **190 CENTER STREET CAPE CANAVERAL FL 32920**
Mailing Address: **190 CENTER STREET CAPE CANAVERAL FL 32920**

3. Date Incorporated or Qualified: **04/27/1992**
3a. Date of Last Report: **06/20/1995**
4. FEI Number: **59-2960272**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 []
2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 22 []
City & State: 23 []
Zip: 24 [] Country: 25 []
Suite, Apt. #, etc.: 27 []
City & State: 28 []
Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent

**EMORY JAMES E.
190 CENTER STREET
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

81 Name: **Christopher Coleman, Esq**
82 Street Address (P.O. Box Number is Not Acceptable): **1800 W. HIBISCUS BLVD**
83: **SUITE 138**
84 City: **MELBOURNE** FL 85 Zip Code: **32901**

11. Pursuant to the provisions of Sections 607.057 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 607.05, Florida Statutes.

SIGNATURE: *Christopher Coleman* Christopher Coleman 4-29-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	EMORY, JAMES E	
STREET ADDRESS	202 VIA HAVARRE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZACCARO, THOMAS W	
STREET ADDRESS	325 S. BANANA RIVER BLVD. #508	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCARA, ROBERT C	
STREET ADDRESS	580 HIDDEN HOLLOW DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 407-723-0198
DATE DAYTIME PHONE #
5-5-96

CR2E034 (12/95)