

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:47

DOCUMENT # **599377** (9)

1. Corporation Name
J. J. CHALK, INC.

Principal Place of Business Mailing Address
**2900 S.DIXIE HWY.
W PALM BEACH FL 33405** **2900 S.DIXIE HWY.
W PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/19/1979** 3a. Date of Last Report **01/24/1994**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
					59-1883012	Not Applicable
22	2b. Name, Apt. #, etc.	27	2b. Name, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	2c. City & State	28	2c. City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	2d. Zip	29	2d. Zip	8.	This corporation has liability for intangible tax under S. 199.037, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
COHEN, EDWARD B. 5500 N FEDERAL HWY BOCA RATON FL 33431		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, its 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 not a partner and accept the obligations of Section 607.0505, Florida Statutes.

OFFICER AND DIRECTOR (Print name and title of registered agent and the corporation) (NOTE: Registered Agent signature required when necessary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, JUDITH	12. NAME	
STREET ADDRESS	64 NORTHWOODS CIRCLE	13. STREET ADDRESS	10794 FAIRMONT VILLAGE DR
CITY, ST, ZIP	BOYNTON BEACH FL	14. CITY, ST, ZIP	LAKE WORTH FL 33467
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, STANLEY	22. NAME	
STREET ADDRESS	64 NORTHWOODS CIRCLE	23. STREET ADDRESS	10794 FAIRMONT VILLAGE DR
CITY, ST, ZIP	BOYNTON BEACH FL	24. CITY, ST, ZIP	LAKE WORTH FL 33467
TITLE		34. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judith Stein* x 2/8/95 437-4114
 (Date) (Signature) (Phone Number)
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR