

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 711372 (3)

1. Corporation Name

CHANCELLOR HALL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1850 N.E. 169TH STREET  
N. MIAMI BCH. FL 33162

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N. MIAMI BCH. FL 33162

3. Date Incorporated or Qualified  
08/18/1966

3a. Date of Last Report  
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-1232085

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEHNERT, HENRY W  
1850 NE 109ST 169 Street  
NORTH MIAMI BEACH FL 33162

81 Name

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

1850 NE 169 Street

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Henry W Wehnert, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME WEHNERT, H.  
STREET ADDRESS 1850 NE 169TH ST  
CITY-ST-ZIP N MIAMI BEACH, FL 0

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP N Miami Beach, FL 33162

TITLE VPD  
NAME SOLOMON, BEVERLY  
STREET ADDRESS 1850 NE 169ST  
CITY-ST-ZIP N MIAMI BEACH FL

2.1 TITLE DT  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP N Miami Beach, FL 33162

TITLE VPD  
NAME KLUCZ, JERRY  
STREET ADDRESS 1850 NE 169 ST  
CITY-ST-ZIP N MIAMI BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP N. Miami Beach, FL 33162

TITLE S  
NAME NEWBERGER, B  
STREET ADDRESS 1850 NE 169TH ST  
CITY-ST-ZIP N MIAMI BEACH, FL 0

4.1 TITLE SD  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP N. Miami Beach, FL 33162

TITLE T  
NAME SHERES, JUNE  
STREET ADDRESS 1850 NE 169 ST  
CITY-ST-ZIP N MIAMI BEACH FL

5.1 TITLE VPD  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP N Miami Beach, FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: Beverly Solomon Beverly Solomon 7/1/96 305-579-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)