

**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: 1850 N.E. 169TH STREET N. MIAMI BCH. FL 33162  
Mailing Address: 1850 N.E. 169TH STREET 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 (21-24) and 2a. Mailing Address (25-30) fields with sub-questions for Suite, City, State, Zip, and Country.

4. FEI Number: 59-1232085  
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  
**WEHNERT, HENRY W  
1850 NE 109ST 169 Street  
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and 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.	1.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1850 NE 169TH ST	CITY-ST-ZIP: N MIAMI BEACH, FL 0	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	N Miami Beach, FL 33162
TITLE: VPD	NAME: SOLOMON, BEVERLY	2.1 TITLE:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1850 NE 169ST	CITY-ST-ZIP: N MIAMI BEACH FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	N Miami Beach, FL 33162
TITLE: VPD	NAME: KLUCZ, JERRY	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1850 NE 169 ST	CITY-ST-ZIP: N MIAMI BEACH FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	N. Miami Beach, FL 33162
TITLE: S	NAME: NEWBERGER, B	4.1 TITLE:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1850 NE 169TH ST	CITY-ST-ZIP: N MIAMI BEACH, FL 0	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	N. Miami Beach, FL 33162
TITLE: T	NAME: SHERES, JUNE	5.1 TITLE:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1850 NE 169 ST	CITY-ST-ZIP: N MIAMI BEACH FL	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	N Miami Beach, FL 33162
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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CITY-ST-ZIP:		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)