

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:09

DOCUMENT # 719062 (2)
1. Corporation Name
CHIPPER, INC.

Principal Place of Business Mailing Address
1040 CRYSTAL LAKE DR. APT. 4 POMPANO BCH. FL 33064 US
1040 CRYSTAL LAKE DR. APT. 4 POMPANO BCH. FL 33064 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/02/1970 3a. Date of Last Report 09/07/1994
4. FEI Number 65-0132258 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 1040 CRYSTAL LAKE DR. 26 1040 CRYSTAL LAKE DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 # 4 27 # 4
City & State City & State
23 POMPANO BCH. FL. 28 POMPANO BEACH. FL.
Zip Country Zip Country
24 33064 25 BROWARD 29 33064 30 BROWARD

9. Name and Address of Current Registered Agent
MAGNOTTA, PAUL A.
1040 CRYSTAL LAKE DR.
APT. 4
POMPANO BCH. FL 33064

10. Name and Address of New Registered Agent
81 Name MAGNOTTA PAUL A.
82 Street Address (P.O. Box Number is Not Acceptable) 1040 CRYSTAL LAKE DR.
83 APT. 4
84 City POMPANO BCH. FL 85 Zip Code 33064

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 Paul A. Magnotta - PRES. (NOTE: Registered Agent signature required when resigning) JAN. 17, 1995 /DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MAGNOTTA, PAUL
STREET ADDRESS	1040 CRYSTAL LAKE DR.
CITY-ST-ZIP	POMPANO BCH. FL 33064
TITLE	SD
NAME	HUFF, BETTY
STREET ADDRESS	1040 CRYSTAL LAKE DR.
CITY-ST-ZIP	POMPANO BCH. FL 33064
TITLE	VD
NAME	MAISANO, V. J
STREET ADDRESS	2821 NE 48TH CT.
CITY-ST-ZIP	LIGHTHOUSE POINT FL
TITLE	S
NAME	HOLAN, GAIL
STREET ADDRESS	1040 CRYSTAL LAKE DR #1
CITY-ST-ZIP	POMPANO BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 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	

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 110.07(3)(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul A. MAGNOTTA Paul A. Magnotta 1-17-95 943-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE