

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morone
Secretary of State
DIVISION OF CORPORATIONS

NONPROFIT CORPORATION
ANNUAL REPORT
1997

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



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

Mailing Address
1040 CRYSTAL LAKE DR.
APT. 4
POMPANO BCH. FL 33064-1929
US

3. Date Incorporated or Qualified 03/02/1970
3a. Date of Last Report 01/25/1996

2. Principal Place of Business
21 1040 CRYSTAL LAKE DR.
Suite, Apt #, etc. APT. 4
City & State POMPANO BCH. FL.
Zip 33064
Country BROWARD
25 BROWARD

2a. Mailing Address
26 1040 CRYSTAL LAKE DR.
Suite, Apt #, etc. APT. 4
City & State POMPANO BCH. FL.
Zip 33064
Country BROWARD
29 BROWARD

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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
1 Name PAUL A. MAGNOTTA
2 Street Address (P.O. Box Number is Not Acceptable) 1040 CRYSTAL LAKE DR.
3 APT. 4
4 City POMPANO BEACH FL 85 Zip Code 33064

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 _____ (Signature, typed or printed name of register agent and date, if applicable) (NONE - Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MAGNOTTA, PAUL	
STREET ADDRESS	1040 CRYSTAL LAKE DR.	
CITY-ST-ZIP	POMPANO BCH. FL 33064	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUFF, BETTY	
STREET ADDRESS	1040 CRYSTAL LAKE DR.	
CITY-ST-ZIP	POMPANO BCH. FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MAISANO, V. J	
STREET ADDRESS	2621 NE 48TH CT.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLAN, GAIL	
STREET ADDRESS	1040 CRYSTAL LAKE DR #1	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
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

11 TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MAGNOTTA, PAUL	
13 STREET ADDRESS	1040 CRYSTAL LAKE DR.	
14 CITY-ST-ZIP	POMPANO BCH, FL. 33064	
21 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HUFF, BETTY	
23 STREET ADDRESS	1040 CRYSTAL LAKE DR.	
24 CITY-ST-ZIP	POMPANO BCH, FL. 33064	
31 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MAISANO, JOAN	
33 STREET ADDRESS	2621 N.E. 48TH CT.	
34 CITY-ST-ZIP	LIGHTHOUSE, PT. FL. 33064	
41 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	HOLAN, GAIL	
43 STREET ADDRESS	1040 CRYSTAL LAKE DR.	
44 CITY-ST-ZIP	POMPANO, FL. 33064	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE _____

CR2E037 (9/96)