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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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 US

3. Date Incorporated or Qualified: 03/02/1970  
4. FEI Number: 65-0132258  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 1040 Crystal Lk Dr #3 Suite, Apt. #, etc. 22 3  
2a. Mailing Address: 26 1040 Crystal Lk Dr #3 Suite, Apt. #, etc. 27 3  
23 City & State: Pompano Bch FL 24  
25 Country: Broward 29 33064 30

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: Robby Pentz  
82 Street Address (P.O. Box Number is Not Acceptable): 1040 Crystal Lk Dr.  
83 Apt 3  
84 City: Pomp 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: Robby Pentz Robby PENTZ 6-9-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MAGNOTTA, PAUL	
STREET ADDRESS	1040 CRYSTAL LAKE DR.	
CITY-ST-ZIP	POMPANO BCH. FL 33064	
TITLE	SD	<input checked="" 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, JOAN	
STREET ADDRESS	2021 NE 48TH CT.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	S	<input checked="" 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		
1.1 TITLE	President PTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robby Pentz	
1.3 STREET ADDRESS	1040 Crystal Lk Dr #3	
1.4 CITY-ST-ZIP	POMP BCH. FL 33064	
2.1 TITLE	<del>SECRETARY</del>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robby Pentz	
2.3 STREET ADDRESS	1040 Crystal Lk Dr #3	
2.4 CITY-ST-ZIP	POMP. FL 33064	
3.1 TITLE	<del>SECRETARY</del>	
3.2 NAME	<del>MAISANO, JOAN</del>	
3.3 STREET ADDRESS	<del>2021 NE 48TH CT.</del>	
3.4 CITY-ST-ZIP	<del>LIGHTHOUSE POINT FL</del>	
4.1 TITLE	<del>SECRETARY</del>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gail Holan	
4.3 STREET ADDRESS	1040 Crystal Lk Dr	
4.4 CITY-ST-ZIP	POMPANO BCH. FL 33064	
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 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: Robby Pentz Robby PENTZ Pres 4-27-98 5199  
954-943-

CR2E037 (10/97)