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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F41570 (5)

1. Corporation Name
CHIP REALTY, INC.

Principal Place of Business
2450 NORTH CITRUS HILLS BLVD.
HERNANDO FL 34442
US

Mailing Address
2450 NORTH CITRUS HILLS BLVD.
HERNANDO FL 34442-5348
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1981	3a. Date of Last Report 02/06/1996
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 06-1078918	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ABEL, ERIC D ESQ 2450 NORTH CITRUS HILLS BLVD. HERNANDO FL 34442		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P FAUNCE, JOHN F II 2450 N. CITRUS HILLS BLVD HERNANDO FL 34442	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V TAMPOSI, SAMUEL A JR 20 TRAFALGAR SQUARE, SUITE 602 NASHUA NH 03063	2.1 TITLE	V
NAME		2.2 NAME	Stephen A. Tamposi
STREET ADDRESS		2.3 STREET ADDRESS	2450 N. Citrus Hills Blvd.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Hernando, FL 34442
TITLE	STD PASTOR, JOHN E. 2450 N CITRUS HILLS BLVD HERNANDO FL	3.1 TITLE	ST
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	2050 N. Brentwood Circle
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Lecanto, FL 34461
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen A. Tamposi, STEPHEN A TAMPOSI, 4/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 352-746-6121 Date Daytime Phone # 0440148

CR2E034 (9/96)