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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F52844 (0)

1. Corporation Name
CHANDA, INC.

Principal Place of Business C/O CARMELA MCPHEE 11801 WOODSHIRE CIR. FT. MYERS FL 33913 US	Mailing Address C/O CARMELA MCPHEE 11801 WOODSHIRE CIR. FT. MYERS FL 33913-7838 US
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2. Principal Place of Business 21 C/O CARMELA MCPHEE Suite, Apt #, etc.	2a. Mailing Address 26 C/O CARMELA MCPHEE Suite, Apt #, etc.
22 2726 D TAMiami TRAIL City & State	27 11801 WOODSHIRE CIRCLE City & State
23 PORT CHARLOTTE, FL Zip Country	28 FORT MYERS, FL Zip Country
24 33952 25 CHARLOTTE	29 33913 30 LEE

3. Date Incorporated or Qualified 01/01/1982	3a. Date of Last Report 04/10/1996
4. FEI Number 59-2129776	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCPHEE, CARMELA
11801 WOODSHIRE CIRCLE
FT MYERS FL 33913**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCPHEE, CARMELA	
STREET ADDRESS	50 ALLAN AVE	
CITY - ST - ZIP	FT MYERS, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCPHEE, CARMELA	
1.3 STREET ADDRESS	11801 WOODSHIRE CIRCLE	
1.4 CITY - ST - ZIP	FORT MYERS, FL 33913	

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: **Carmela McPhee** **CARMELA MCPHEE** 4/14/97 (94) 629-8902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)