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FILED
May 13 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 # F96000000825 (7)

1. Corporation Name
CHANCEL SERVICE CORPORATION



Principal Place of Business: **901 PONCE DE LEON BLVD., #202 CORAL GABLES FL 33134**
 Mailing Address: **901 PONCE DE LEON BLVD., #202 CORAL GABLES FL 33134-3073**

3. Date Incorporated or Qualified: **02/16/1996** 3a. Date of Last Report
 4. FEI Number: **13-3626469** 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

2. Principal Place of Business: **21 Suite, Apt. #, etc. 22 7th Floor 23 City & State 24 Zip 25 Country**
 2a. Mailing Address: **26 Suite, Apt. #, etc. 27 7th Floor 28 City & State 29 Zip 30 Country**

9. Name and Address of Current Registered Agent
**UNITED CORPORATE SERVICES, INC.
 801 NE 167TH ST., #300
 NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent
 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIERMAN, PAUL	
STREET ADDRESS	901 PONCE DE LEON BLVD., #202	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAWRENCE, MARTIN	
STREET ADDRESS	140 E. WALTON, DRAKE HOTEL	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILSON, BRIAN	
STREET ADDRESS	2-3 RHODES WAY, INTERNATIONAL COURT	
CITY-ST-ZIP	WATFORD HERTS WD2 4YW ENGLAN	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DECKER, ROBERT	
STREET ADDRESS	ONE WALL STREET CT., 10TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BALLINGALL, ROBERT	
STREET ADDRESS	LADBROKE GROUP PLC., NEASDEN LN., CHANCEL	
CITY-ST-ZIP	LONDON NW10 2XE, ENGLAND	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Adrian Moloney
4.4 CITY-ST-ZIP	901 Ponce de Leon Blvd., 7th Floor
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 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 or changed, or on an attachment with an address.

SIGNATURE: *Paul Lierman* Paul Lierman 4/16/97 305-444-6811

CR2E034 (9/96)