

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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	Mailing Address
901 PONCE DE LEON BLVD., #202 #700 7TH FLOOR CORAL GABLES FL 33134 US	901 PONCE DE LEON BLVD., #202 #700 7TH FLOOR CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	02/16/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		13-3626469	
23	24	28	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UNITED CORPORATE SERVICES, INC. 801 NE 167TH ST., #300 NORTH MIAMI BEACH FL 33182				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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIERMAN, PAUL		1.2 NAME		
STREET ADDRESS	901 PONCE DE LEON BLVD., #202		1.3 STREET ADDRESS	STE 700	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAWRENCE, MARTIN		2.2 NAME	Vice President	
STREET ADDRESS	140 E. WALTON, DRAKE HOTEL		2.3 STREET ADDRESS	901 Ponce de Leon Blvd., STE 700	
CITY-ST-ZIP	CHICAGO IL 60611		2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, BRIAN		3.2 NAME		
STREET ADDRESS	2-3 RHODES WAY, INTERNATIONAL COURT		3.3 STREET ADDRESS	Maple Ct Central Park Reeds Crescent	
CITY-ST-ZIP	WATFORD HERTS WD2 4YW ENGLAN		3.4 CITY-ST-ZIP	Watford, Herts WD1 1HZ	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLONEY, ADRIAN		4.2 NAME		
STREET ADDRESS	901 PONCE DE LEON BLVD 7TH FLOOR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALLINGALL, ROBERT		5.2 NAME		
STREET ADDRESS	LADBROKE GROUP PLC., NEASDEN LN., CHANCEL		5.3 STREET ADDRESS	Maple Ct Central Park Reeds Crescent	
CITY-ST-ZIP	LONDON NW10 2XE, ENGLAND		5.4 CITY-ST-ZIP	Watford, Herts WD1 1HZ	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Paul Lierman 4/13/98 305-444-6811

CR2E034 (10/97)