

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90087 050 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000000825**

1. Corporation Name  
**CHANCEL SERVICE CORPORATION**



Principal Place of Business  
 901 PONCE DE LEON BLVD 700  
 7TH FLOOR  
 CORAL GABLES FL 33134  
 US

Mailing Address  
 901 PONCE DE LEON BLVD 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	4. FEI Number	Applied For
21	26	02/16/1996	13-3626469	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year Intangible	Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	29	Country	30	

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 33162	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIERMAN, PAUL	1.2 NAME	
STREET ADDRESS	901 PONCE DE LEON BLVD 700	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECALT, MICHEL	2.2 NAME	
STREET ADDRESS	901 PONCE DE LEON BLVD STE 700	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BRIAN	3.2 NAME	
STREET ADDRESS	MAPLE CT CENTRAL PARK REEDS CRESCENT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WATFORD HE	3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLINGALL, ROBERT	5.2 NAME	
STREET ADDRESS	MAPLE CT CENTRAL PARK REEDS CRESCENT	5.3 STREET ADDRESS	
CITY-ST-ZIP	WATFORD HE	5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Paul Lierman SIGNATURE REQUIRED Paul Lierman Date: 4/9/99 Daytime Phone #: 305-444-3444

CR2E034 (11/98)