

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G68954**

1-30-96 B- NLC
(8) 0516

1. Corporation Name
CHAMCO, INC.



Principal Place of Business: **197 DRENNEN RD SUITE 413 ORLANDO FL 32806 US**
Mailing Address: **PO BOX 1268 ORLANDO FL 32802 US**

3. Date Incorporated or Qualified: **11/10/1983**
3a. Date of Last Report: **08/10/1995**
4. FEI Number: **59-2350042**
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 State, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**BRADFORD, CARTER A.
90 EAST LIVINGSTON STREET
ORLANDO FL 32801**

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 **FL**

11. Pursuant to the provisions of Sections 607.0507 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: _____ (Name of State Registered Agent) _____ (Name of Current Agent) _____ (Name of New Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: CUMMINS, JIM	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3520 BOCAGE DR 711	CITY-ST-ZIP: ORLANDO FL	1.2 NAME:	
TITLE: STD	NAME: CUMMINS, JUDY	1.3 STREET ADDRESS:	
STREET ADDRESS: 3520 BOCAGE DR 711	CITY-ST-ZIP: ORLANDO FL	1.4 CITY-ST-ZIP:	
TITLE: D	NAME: CUMMINS, MARVIN	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8080 CHRISTY DR	CITY-ST-ZIP: FRISCO TX	2.2 NAME:	
TITLE: D	NAME: CUMMIS, FRANCES	2.3 STREET ADDRESS:	
STREET ADDRESS: 8080 CHRISTY DR	CITY-ST-ZIP: FRISCO TX	2.4 CITY-ST-ZIP:	
TITLE: D	NAME: JACOBS, LEONARD	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6041 SAND PINES EST BLVD	CITY-ST-ZIP: ORLANDO FL	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
TITLE:	NAME:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
TITLE:	NAME:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
TITLE:	NAME:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
TITLE:	NAME:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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: *Jim Cummins* Jim Cummins President 1-30-96 422-855-636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)