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Mar 27 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 # **G68954** (8)

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 32802-1268
US**

3. Date Incorporated or Qualified **11/10/1983** 3a. Date of Last Report **01/30/1996**

2. Principal Place of Business
21 **798 Clearlake Rd.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **798 Clearlake Rd.**
Suite, Apt. #, etc.

4. FEI Number **59-2350042** Applied For
Not Applicable

22 City & State
23 **Cocoa, FL**

27 City & State
28 **Cocoa, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **32922** 25 Country **USA**

29 Zip **32922** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **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	CUMMINS, JIM	
STREET ADDRESS	3520 BOCAGE DR 711	
CITY - ST - ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CUMMINS, JUDY	
STREET ADDRESS	3520 BOCAGE DR 711	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMMINS, MARVIN	
STREET ADDRESS	8080 CHRISTY DR	
CITY - ST - ZIP	FRISCO TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMMIS, FRANCES	
STREET ADDRESS	8080 CHRISTY DR	
CITY - ST - ZIP	FRISCO TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, LEONARD	
STREET ADDRESS	6041 SAND PINES EST BLVD	
CITY - ST - ZIP	ORLANDO FL	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 if changed, or on an attachment with an address.

SIGNATURE: *Jim Cummins* SIGNATURE REQUIRED **3-24-97** **407-639-3314**
DATE DAY/TIME PHONE #

CR2E034 (9/96)