

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

FILED

**May 26 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K13044 (8)

1. Corporation Name
CHC SERVICES, INC.



Principal Place of Business 1700 S TAMiami TRAIL SARASOTA FL 34239 US	Mailing Address C/O ACCOUNTING SERVICES 1700 S. TAMiami TRAIL SARASOTA FL 34239 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/20/1988	
4. FEI Number 65-0043738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARSHALL, ELIZABETH C., ESQ.
1550 RINGLING BLVD
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name	Same
82 Street Address (P.O. Box Number is Not Acceptable)	200 South Orange Avenue
83	P.O. Box 3258
84 City	Sarasota
85 Zip Code	FL 34230

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 _____ Signature typed to protect name of registered agent and fee payor. (NOTE: Registered Agent signature required when reinstating.) (MAIL _____)

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BAUMANN, CHARLES R	
STREET ADDRESS	1858 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSS, MARTIN	
STREET ADDRESS	1535 HARBOR PLACE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	COVERT, MICHAEL H	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
2.2 NAME	D Albertson, Don
2.3 STREET ADDRESS	1700 South Tamiami Trail
2.4 CITY-ST-ZIP	Sarasota, FL
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	500002538875
6.3 STREET ADDRESS	-05/28/98--01041--005
6.4 CITY-ST-ZIP	***158.75

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 my address.

SIGNATURE _____

CR2E034 (10/97)