

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -7 AM 10:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000044511 (2)

1. Corporation Name

CHAPCO ENTERPRISE INC.

Principal Place of Business

Mailing Address

2560 NW 103 AVE
SUNRISE FL 33322

2560 NW 103 AVE
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/18/1993

08/02/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

65-0455951

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIPMAN, HOWARD R
2560 NW 103 AVE
SUNRISE FL 33322

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

V

NAME

LIPMAN, CHARLES

STREET ADDRESS

2560 NW 103RD AVE.

CITY - ST - ZIP

SUNRISE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE

Change Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

2 1 TITLE

Change Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

3 1 TITLE

Change Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

4 1 TITLE

Change Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

5 1 TITLE

Change Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

6 1 TITLE

Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 hereof, or on an attachment with an address.

SIGNATURE:

Howard Lipman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

CR2E034 (3/95)