

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 ~~1/65~~

PROFIT CORPORATION ANNUAL REPORT
1997 1996



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

FILED
 97 JUL -2 PM 4:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000044511 (2)**
 1. Corporation Name
CHAPCO ENTERPRISE INC.
CHAPCO DRYWALL, INC. *NC 3-15-96*

Principal Place of Business Mailing Address
2560 NW 103 AVE **2560 NW 103 AVE**
SUNRISE FL 33322 **SUNRISE FL 33322**
10653 N. W. 53rd Street **10653 N. W. 53rd Street**
Sunrise, Florida 33322 **Sunrise, Florida 33322**

21	2a. Principal Place of Business	22	2a. Mailing Address
	10653 N. W. 53rd Street		10653 N. W. 53rd Street
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
	Sunrise, Florida 33322		Sunrise, Florida 33322
24	Zip	29	Zip
	33322		33322
25	Country	30	Country
	USA		USA

3. Date Incorporated or Qualified	3a. Date of Last Report
06/18/1993	08/07/1995
4. FEI Number	Applied For
65-0455951	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent
LIPMAN, HOWARD R
2560 NW 103 AVE
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name	HOWARD R. LIPMAN
82 Street Address (P.O. Box Number is Not Acceptable)	10653 N. W. 53rd Street
83	
84 City	Sunrise
85 FL Zip Code	33322

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: *Howard R. Lipman*
 Signature, typed or printed name of registered agent and title if applicable. (SEE Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LIPMAN, CHARLES	
STREET ADDRESS	2560 NW 103RD AVE.	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Howard R. Lipman
 SIGNATURE 6/5/97

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	HOWARD R. LIPMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	10653 N. W. 53rd Street	
1.4 CITY-ST-ZIP	Sunrise, Florida 33322	
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	500002232525	
3.3 STREET ADDRESS	-07/08/97-01038-013	
3.4 CITY-ST-ZIP	***165.00 ***165.00	
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 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 checked, or as an attachment with an address.

CR25034 (12/95)