

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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90074 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000081855
 1. Corporation Name
CHL OF MIAMI, INC.

Principal Place of Business % AGS 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI FL 33131	Mailing Address % AGS 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 400 CHALLENGER ROAD Suite, Apt. #, etc. 22 City & State 23 CAPE CANAVERAL Zip Country 24 FL 25 32920	2a. Mailing Address 26 400 CHALLENGER ROAD Suite, Apt. #, etc. 27 City & State 28 CAPE CANAVERAL Zip Country 29 FL 30 32920
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3. Date Incorporated or Qualified 10/03/1996	4. FEI Number 65-0727352 Applied For Not Applicable
5. Certificate of Status Desired <input 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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	STENSBY, KRISTIAN
STREET ADDRESS	901 S. AMERICA WAY
CITY-ST-ZIP	MIAMI FL 33132
TITLE	ST <input type="checkbox"/> DELETE
NAME	GRUNER-HEGGE, EINAR
STREET ADDRESS	901 S. AMERICA WAY
CITY-ST-ZIP	MIAMI FL 33132
TITLE	PD <input type="checkbox"/> DELETE
NAME	MAGNAN, LARRY
STREET ADDRESS	901 S. AMERICA WAY
CITY-ST-ZIP	MIAMI FL 33132
TITLE	DC <input type="checkbox"/> DELETE
NAME	KIER, ISAAC
STREET ADDRESS	901 S AMERICA WAY
CITY-ST-ZIP	MIAMI FL 33132
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	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph Hatch
1.3 STREET ADDRESS	400 Challenger Rd.
1.4 CITY-ST-ZIP	Port Canaveral, FL 32920
2.1 TITLE	James Dondero D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James Dondero D
2.3 STREET ADDRESS	400 Challenger Rd.
2.4 CITY-ST-ZIP	Port Canaveral, FL 32920
3.1 TITLE	William Kovacs <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William Kovacs
3.3 STREET ADDRESS	400 Challenger Rd.
3.4 CITY-ST-ZIP	Port Canaveral, FL 32920
4.1 TITLE	Bruce Nietenberg <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bruce Nietenberg
4.3 STREET ADDRESS	400 Challenger Rd.
4.4 CITY-ST-ZIP	Port Canaveral, FL 32920
5.1 TITLE	A. Jack Chappell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	A. Jack Chappell
5.3 STREET ADDRESS	400 Challenger Rd.
5.4 CITY-ST-ZIP	Port Canaveral, FL 32920
6.1 TITLE	VP IS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Alan Twaits
6.3 STREET ADDRESS	400 Challenger Rd.
6.4 CITY-ST-ZIP	Port Canaveral, FL 32920

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 an address, with all other like empowered.

SIGNATURE: Alan R. Twaits **Alan R. Twaits** 4/26/99 **407-783-5061**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)