

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

**FILED**  
**Jun 30, 1999 8:00 am**  
**Secretary of State**

06-30-1999 90012 009 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000074834**

1. Corporation Name  
**CHIPPER'S OF VENICE, INC.**



Principal Place of Business 2241 SENIC DR VENICE FL 34290	Mailing Address 2241 SENIC DR VENICE FL 34290
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 763 US 41 BYPASS S	22	26 2241 SCENIC DRIVE	27 VENICE	09/01/1998	
City & State		City & State		4. FEI Number	
23 VENICE FL		28 FL 34293		65-086-5669	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 34292 25		29 30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FITZHUGH, L. MURRAY 355 WEST VENICE AVE VENICE FL 34230				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 <i>[Signature]</i>				DATE 4/28/99	

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWRENCE, KAREN			1.2 NAME			
STREET ADDRESS	2241 SENIC DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34293			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWRENCE, CHIP			2.2 NAME			
STREET ADDRESS	2241 SENIC DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34293			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FITZHUGH, L. MURRAY			3.2 NAME			
STREET ADDRESS	355 W VENICE AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34285			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: *[Signature]* **REQUIRED** DATE: 4/28/99 DAYTIME PHONE #: 941-484-4053

CR2E034 (1/98)