

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 PM 1:18**

**DOCUMENT # V46346 (5)**

1. Corporation Name  
**CH POSDEF LP, INC.**

Principal Place of Business	Mailing Address
<b>1400 CENTREPARK BLVD. SUITE 600 WEST PALM BEACH FL 33406</b>	<b>1400 CENTREPARK BLVD. SUITE 600 WEST PALM BEACH FL 33406</b>

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/25/1992</b>	3a. Date of Last Report <b>03/08/1994</b>
4. FEI Number <b>65-0349029</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>See Attached</b>	

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

9. Name and Address of Current Registered Agent

**LEON, J E  
9250 WEST FLAGLER ST.  
MIAMI FL 33174**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>GELBER, LESLIE J</b>
STREET ADDRESS	<b>1400 CENTREPARK BLVD., #600</b>
CITY - ST - ZIP	<b>WEST PALM BCH. FL</b>
TITLE	<b>V</b>
NAME	<b>HOFFMAN, KENNETH P</b>
STREET ADDRESS	<b>1400 CENTREPARK BLVD., #600</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>DT</b>
NAME	<b>BARNA, KENNETH G.</b>
STREET ADDRESS	<b>1400 CENTREPARK BLVD., #600</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>S</b>
NAME	<b>CARPENTER, FRANCES M.</b>
STREET ADDRESS	<b>1400 CENTREPARK BLVD., #600</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DV</b>
2.3 STREET ADDRESS	<b>HOFFMAN, KENNETH P</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DT</b>
3.3 STREET ADDRESS	<b>MCGRATH, ROBERT L.</b>
3.4 CITY - ST - ZIP	<b>1400 CENTREPARK BLVD, STE 600</b>
3.5 STREET ADDRESS	<b>WEST PALM BEACH FL.</b>
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, 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.

SIGNATURE: *Frances M. Carpenter* **FRANCES M. CARPENTER** **3/23/95** **407-687-4900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printed Name #  
**SECRETARY**