

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V46346 (5)

1. Corporation Name
CH POSDEF LP, INC.



Principal Place of Business: **1400 CENTREPARK BLVD. SUITE 600 WEST PALM BEACH FL 33406**
Mailing Address: **1400 CENTREPARK BLVD. SUITE 600 WEST PALM BEACH FL 33406**

3. Date Incorporated or Qualified: **06/25/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **11760 US Highway One Suite 600 North Palm Beach, FL 33408 US**
2a. Mailing Address: **11760 US Highway One Suite 600 North Palm Beach, FL 33408 US**

4. FEI Number: **65-0349029**
Applied For: 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 **See attached**

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: _____
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) (NOT: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELBER, LESLIE J	1.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD., #600	1.3 STREET ADDRESS	11760 US HWY ONE, #600
CITY-ST-ZIP	WEST PALM BCH. FL	1.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, KENNETH P	2.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD., #600	2.3 STREET ADDRESS	11760 US HWY ONE, #600
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	DT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH ROBERT L	3.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD., #600	3.3 STREET ADDRESS	11760 US HWY ONE, #600
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, FRANCES M.	4.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD., #600	4.3 STREET ADDRESS	11760 US HWY ONE, #600
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	300001784673
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-04/18/96--01004--010
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	***200.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

300001784673
-04/18/96--01004--010
***200.00

FR
4-16-96

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 3/11/96 (407) 691-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)