

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 737748 (4)

1. Corporation Name
CHRIS HAVEN, INC.

Principal Place of Business

729 RIDGE ROAD
LANTANA FL 33462

Mailing Address

729 RIDGE ROAD
LANTANA FL 33462-1525



3. Date Incorporated or Qualified
01/06/1977

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
58-9249243

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEHTO, VAPPU
729 RIDGE RD., APT. 2
LANTANA FL 33462

81 Name
TECK SENG NG.

82 Street Address (P.O. Box Number is Not Acceptable)
729. RIDGE. RD.

83

84 City
LANTANA. FL

FL

85 Zip Code
33462

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature] Secretary - Treasurer.

2/26/97.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MIETTINEN, EINO
STREET ADDRESS 729 RIDGE RD., APT. 1
CITY-ST-ZIP LANTANA FL 33462

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DP
STEPHENS THOMAS.
729. RIDGE RD. #4.
LANTANA FL 33462

TITLE DTS
NAME KAARTINEN, MIRIAM
STREET ADDRESS 729 RIDGE RD., APT. 4
CITY-ST-ZIP LANTANA FL 33462

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DV
LEHTO VAPPU
729. RIDGE RD. #2
LANTANA FL 33462

TITLE DV
NAME LEHTO, VAPPU
STREET ADDRESS 729 RIDGE RD., APT. 2
CITY-ST-ZIP LANTANA FL 33462

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DTS
TECK SENG NG
729. RIDGE RD. #6
LANTANA FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97.

(561) 547-9986.

Date

Daytime Phone # 0043680

CR2E037 (9/96)