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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

MENT # 149449

(1)

DOCUMENT #

1. Corporation Name

CHAS R. DORSEY, INC.					
Principal Place of Business 524 DATURA ST P.O. BOX 3207 WEST PALM BEACH FL 33401		Mailing Address 524 DATURA ST P.O. BOX 3207			
		WEST PALM BEACH FL 33401		3. Date Incorporated or Qualified 12/09/1946	3a. Date of Last Report 03/21/1995
2. Principal Plac	ce of Business	2a. Mai:ng Address		4. FEI Number	Applied For
<u> </u>		26		59-0587171	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z(¢)	Country	8. This corporation has liability for i	
4	25	29	30		□ No
	9. Name and Address of Currer	it Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
BURNS, JOHN L 140 ROYAL PALM WAY			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)	
			83		
PLAM BE	ACH 33480				
	•		84 City		FL 85 Zip Code
				poration submits this statement for the pul pard of directors. I hereby accept the app	_
or registere familiar with	ad agent, or both, in the State of Flori h, and accept the obligations of, Sect Squarre typed or protect name of registrates agen	tion 607,0505, Florida Statute	98. NOTE Biogetard Age to great on resp	ared when tendering	DATE
or registere familiar with SIGNATURE	ed agent, or both, in the State of Flori in, and accept the obligations of, Sect Significantly bad or professional to of Figure 2 april OFFICERS AN	tion 607.0505, Florida Staluts  Last the day least Communication of the	SOTE Regulated Agents graden to p.  13.	odic of checkers. Thirdly appears of	DATE
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4. 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. Flurther 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:

SNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFI

NTOINETTE MATIS
LEA OR DIRECTOR
SECRETARY

659-//2 ( Dayrine Phone CR2E034 (12/95)