

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

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 265686 (6)**

1. Corporation Name  
**CHENEY BROS., INC.**



Principal Place of Business <b>516 MONCEAUX ROAD WEST PALM BEACH FL 33405</b>	Mailing Address <b>516 MONCEAUX ROAD WEST PALM BEACH FL 33405-1533</b>
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3. Date Incorporated or Qualified <b>12/31/1962</b>	3a. Date of Last Report <b>02/19/1996</b>
4. FEI Number <b>59-1003104</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

**RUSSELL, BYRON  
516 MONCEAUX ROAD  
W PLNM BEACH FL 33405**

10. Name and Address of New Registered Agent

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

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 title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>SCHWAB, PHILIP</b>	
STREET ADDRESS	<b>516 MONCEAUX ROAD</b>	
CITY - ST - ZIP	<b>W PALM BCH FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>MOORE, PATTI</b>	
STREET ADDRESS	<b>516 MONCEAUX ROAD</b>	
CITY - ST - ZIP	<b>WEST PALM BCH FL</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>RUSSELL, BYRON C</b>	
STREET ADDRESS	<b>516 MONCEAUX RD.</b>	
CITY - ST - ZIP	<b>W PALM BCH FL</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>REID, NINA</b>	
STREET ADDRESS	<b>516 MONCEAUX ROAD</b>	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
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>S/T</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>P/C/D</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>D GEORGE W. HUME</b>
5.3 STREET ADDRESS	<b>516 MONCEAUX ROAD</b>
5.4 CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33405</b>
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 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 amendment with an address.

SIGNATURE: *Patti B. Moore* PATTI B. MOORE 3/25/97 561-830-5565  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)