

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

FILED

Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 265686 (6)
1. Corporation Name
CHENEY BROS., INC.



Principal Place of Business 516 MONCEAUX ROAD WEST PALM BEACH FL 33405	Mailing Address 516 MONCEAUX ROAD WEST PALM BEACH FL 33405
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1962	4. FEI Number 59-1003104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 ONE CHENEY WAY Suite, Apt. #, etc. 22 City & State 23 RIVIERA BEACH, FL Zip Country 24 33404-7000 25 USA	2a. Mailing Address 26 ONE CHENEY WAY Suite, Apt. #, etc. 27 City & State 28 RIVIERA BEACH, FL Zip Country 29 33404-7000 30 USA
--	---

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 82 Street Address (P.O. Box Number is Not Acceptable) ONE CHENEY WAY 83 84 City RIVIERA BEACH FL 85 Zip Code 33404-7000
---	---

11. Pursuant to the provisions of Sections 607.0501 and 607.1503, 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  BYRON C. RUSSELL / PRESIDENT 3/3/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VP NAME SCHWAB, PHILIP STREET ADDRESS 516 MONCEAUX ROAD CITY-ST-ZIP W PALM BCH FL <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS ONE CHENEY WAY 1.4 CITY-ST-ZIP RIVIERA BEACH, FL 33404-7000
TITLE ST NAME MOORE, PATTI STREET ADDRESS 516 MONCEAUX ROAD CITY-ST-ZIP WEST PALM BCH FL <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS ONE CHENEY WAY 2.4 CITY-ST-ZIP RIVIERA BEACH, FL 33404-7000
TITLE PCD NAME RUSSELL, BYRON C STREET ADDRESS 516 MONCEAUX RD. CITY-ST-ZIP W PALM BCH FL <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS ONE CHENEY WAY 3.4 CITY-ST-ZIP RIVIERA BEACH, FL 33404-7000
TITLE D NAME GEORGE W HUME STREET ADDRESS 516 MONCEAUX ROAD CITY-ST-ZIP WEST PALM BEACH FL <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS ONE CHENEY WAY 4.4 CITY-ST-ZIP RIVIERA BEACH, FL 33404-7000
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	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 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 attachment with an address.

SIGNATURE:  PATTI B. MOORE 3/3/98 561-845-4700

CR2E034 (10/97)