

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
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1962

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

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	

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 607.0507 and 607.1505, 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]* **Byron C. Russell / PRESIDENT** DATE **3/3/98**

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	SCHWAB, PHILIP	
STREET ADDRESS	516 MONCEAUX ROAD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MOORE, PATTI	
STREET ADDRESS	516 MONCEAUX ROAD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	RUSSELL, BYRON C	
STREET ADDRESS	516 MONCEAUX RD.	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGE W HUME	
STREET ADDRESS	516 MONCEAUX ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
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
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
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
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *[Signature]* **PATTI B. MOORE** DATE **3/3/98** **561-845-4700**

CR2E034 (10/97)