

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 288208 (2)

1. Corporation Name
CHICAGO & WESTERN CORPORATION



Principal Place of Business
P.O. BOX 380669
MIAMI FL 33238

Mailing Address
P.O. BOX 380669
MIAMI FL 33238

3. Date Incorporated or Qualified 12/31/1964 3a. Date of Last Report 04/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1398660	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	Country	Country
24	25	29	30

9. Name and Address of Current Registered Agent

SMITH, DAVID H
520 MIDDLE RIVER DR.
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

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

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

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	PD SMITH, DAVID H	1.1 TITLE	
NAME	520 MIDDLE RIVER DR.	1.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL	1.3 STREET ADDRESS	
CITY - ST - ZIP	SD	1.4 CITY - ST - ZIP	
TITLE	SMITH, MAUREEN	2.1 TITLE	
NAME	520 MIDDLE RIVER DR.	2.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL	2.3 STREET ADDRESS	
CITY - ST - ZIP	VD	2.4 CITY - ST - ZIP	
TITLE	BURGESS, RICHARD	3.1 TITLE	
NAME	2571 DELAGO DRIVE	3.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL	3.3 STREET ADDRESS	
CITY - ST - ZIP	SD	3.4 CITY - ST - ZIP	
TITLE	BURGESS, DOROTHY	4.1 TITLE	
NAME	2571 DELAGO DRIVE	4.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date:

305-681-6700

Daytime Phone #

CR2E034 (12/95)