

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **467836** (3)
1. Corporation Name
WIN CHESLEY ASSOCIATES, INC.



Principal Place of Business: **1227 D N.W. SUN TERRACE CIRCLE PORT ST LUCIE FL 34986**
Mailing Address: **1227 D N.W. SUN TERRACE CIRCLE PORT ST LUCIE FL 34986**

3. Date Incorporated or Qualified: **12/10/1974**
3a. Date of Last Report: **02/03/1995**
4. FLI Number: **59-1575494**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: State, Apt. #, etc.; City & State; Zip; Country
26, 27, 28, 29, 30: State, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent
**WOOD, GAYLORD A.
603 COURT HOUSE SQUARE BUILDING
200 SOUTHEAST SIXTH STREET
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81 Name: **Win Chesley**
82 Street Address (P.O. Box Number is Not Acceptable): **1227-D NW Sun Terrace circle**
83 City: **Port St. Lucie** FL 85 Zip Code: **34986**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, except the appointment as registered agent, I am familiar with and accept the obligations of Section 607.043, Florida Statutes.

SIGNATURE: *Win Chesley* WIN CHESLEY DATE: **3-7-96**

12. OFFICERS AND DIRECTORS
1. NAME: **PT WIN, CHESLEY** DELETE
2. STREET ADDRESS: **820 N FIG TREE LANE PLANTATION, FL 00000**
3. CITY, ST, ZIP: _____
4. TITLE: _____ DELETE
5. NAME: _____ DELETE
6. STREET ADDRESS: _____
7. CITY, ST, ZIP: _____ DELETE
8. NAME: _____ DELETE
9. STREET ADDRESS: _____
10. CITY, ST, ZIP: _____ DELETE
11. NAME: _____ DELETE
12. STREET ADDRESS: _____
13. CITY, ST, ZIP: _____ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: **PT Win Chesley** Change Addition
2. STREET ADDRESS: **1227-D NW Sun Terrace Circle**
3. CITY, ST, ZIP: **Port St. Lucie, FL 34986** Change Addition
4. TITLE: _____ Change Addition
5. NAME: _____ Change Addition
6. STREET ADDRESS: _____
7. CITY, ST, ZIP: _____ Change Addition
8. NAME: _____ Change Addition
9. STREET ADDRESS: _____
10. CITY, ST, ZIP: _____ Change Addition
11. NAME: _____ Change Addition
12. STREET ADDRESS: _____
13. CITY, ST, ZIP: _____ Change Addition

14. I do hereby certify that the information supplied with this filing is voluntary, true, correct and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or registration statement is 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 applicable, or on an after filed with an address.

SIGNATURE: *Win Chesley* WIN CHESLEY DATE: **3-7-96** (407) 878-5395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)