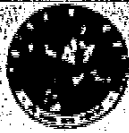


FILE NOW. FLORIDA FEE AFTER MAY 1 IS \$22.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **507950** (4)

1. Corporation Name
CHANE INC., CONSULTING ENGINEERS

Principal Place of Business: **2511 PARK STREET
LAKE WORTH FL 33460
US**
Mailing Address: **2511 PARK STREET
LAKE WORTH FL 33460
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/28/1976	3a. Date of Last Report 08/02/1994
4. FEI Number 59-1684684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 199(1)(2), Florida Statute. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22	27
23	28
24	25
29	30

9. Name and Address of Current Registered Agent CHANE, ARNOLD I 2511 PARK STREET LAKE WORTH, FL 33460	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0505 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 this 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: _____

12. CHIEFS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CHANE, ARNOLD I. 8360 WEST LAKE DRIVE LAKE CLARKE SHRES FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S CHANE, BARBARA 8360 WEST LAKE DRIVE LAKE CLARKE SHRES FL	2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113(07), Florida Statutes. I further certify that the information indicated on this official report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 1, of Block 1, of a change or any amendment with an addition.

SIGNATURE: *Arnold I. Chane* **ARNOLD I. CHANE** (PRES.)
4-27-95 407-586-4003