

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 # **605572** (7)

1. Corporation Name
CHIP SUPPLY, INC.



Principal Place of Business: **7725 N ORANGE BLOSSOM TR ORLANDO FL 32810**
Mailing Address: **7725 N ORANGE BLOSSOM TR ORLANDO FL 32810**

3. Date Incorporated or Qualified: **01/01/1979**
3a. Date of Last Report: **02/17/1995**
4. FEI Number: **59-1869492**
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 (21-24)
2a. Mailing Address (25-30)
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country
25. Suite, Apt. #, etc.
26. City & State
27. Zip Country
28. Zip Country
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
**PERROTT, EDWARD J.
7725 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32810**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and their approval (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRUZZO, CLOYD	1.2 NAME	
STREET ADDRESS	9400 E MARKET ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	WARREN OH	1.4 CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERROTT, EDWARD J.	2.2 NAME	
STREET ADDRESS	7725 N. ORANGE BLOSSOM TRAIL	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	2.4 CITY-STATE-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAIME, DAVID M.	3.2 NAME	
STREET ADDRESS	9400 E MARKET ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	WARREN OH	3.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, AVERY	4.2 NAME	
STREET ADDRESS	9400 E MARKET ST.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	WARREN OH	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENEY, RICHARD	5.2 NAME	
STREET ADDRESS	9400 E MARKET ST.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	WARREN OH	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINEHAN, EARL	6.2 NAME	
STREET ADDRESS	9400 E. MARKET ST.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	WARREN OH	6.4 CITY-STATE-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, in an attachment with an address.

SIGNATURE: *Edward J. Perrott* **EDWARD J. PERROTT** 2/23/96 (407) 298-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (12/95)