FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00						• 1		
COF ANNL	MILAL DEDOOT WEEKEN		indra B. Morthan ecretary of State	.NT OF STATE ortham State				
DOCU 1. Corporation	MENT # 607	021 (3	3)					
PAUI	CHELL, INC.					 	aa i ar a i a raei s	hidhi digia didil gadil digil adal
Principal Place	e of Business	Mailing Address						
P.O. BOX	A SHOPPING CNTR 372312 E BEACH FL 32937-7312	P.O. BOX 3723	230 N A1A SHOPPING CNTR P.O. BOX 372312 SATELLITE BEACH FL 32937-0312 US					
ONIFEERIN	DENOTITE 3233147312					3. Date incorporated or Qualified 01/17/1979		of Last Report 04/25/1995
2. Principal Pl	ace of Business	2a. Mailing Address 26	· · · · · · · · · · · · · · · · · · ·			4. FEI Number 59-1879254	<u></u>	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #. el	ic			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State 23		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
^Z 32937	Country 25	Zgp 29	30 Cour	it-y			□No	
	g. Name and Address of C	urrent Registered Agent				10. Name and Address of New P	Registered	Agent
CHELL, PAUL L.					lame treet Addres	ss (P.O. Box Number is Not Acceptab	ole)	
230 N A1A SHOPPING CNTR P.O. BOX 372312 SATELLITE BEACH FL 32937			83					
				B4 C	City FL 85		85 Zip Code	
or register	to the provisions of Sections 607 red agent, or both, in the State of ith and accept the obligations of,	Florida, Such change was au	thorized by the co	е пап прога	ied corporat tion's board	ion submits this statement for the pur of directors. I hereby accept the app	rpose of cha ointment as	anging its registered office registered agent. I am
SIGNATURE	Signature, types or ponted have of registeres	Lagent and Menhappe, are	(NOTE Fley travel)	Apert sig	right, for responsed a	Men renshiring	DATE	
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS IN 12
TITLE	PT DALE	DELETE	1.110	L				Change Addition

CR2E034 (12/95) 12. TITLE NAME CHELL, PAUL 230 N A1A SHOPPING CENTER, PO BOX 372312 N STHEET ADDRESS 13 STRE TIADDRESS SATELLITE BEACH FL CITY-ST-ZIP 14 CITY S' ZiP DELETE 2 1 THE Change ☐ Addition CHELL, JAMES A. NAME 2.2 NAM 230 N. A1A SHOPPING CENTER, PO BOX 372312 STREET ADDRESS 2.3 STRE ! ADDRESS SATELLITE BEACH FL CHTY - ST - ZIP 2.4 CITY | \$1 - ZIP DELETE TUTLE ☐ Change Addit on 3 1 BIL 3.2 NAM STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY | ST-ZIP DELETE TITLE 4 11116 ☐ Change Addition NAME 4.2 NAM STREET ADDRESS 4.3 STRE-1 ADDRESS 4.4 CITY ST-ZIP CHY-ST-ZIP DELETE TITLE 5 1 TITL Charige Addition NAME 5.2 NAM STREET ADDRESS 5.3 STREFT ADDRESS 5 4 City ST-ZiP CITY - ST - ZIP DELETE TITLE 6 1 TIT. Change Addition 6.2 NAM STREET ADDRESS 6.3 STRE: LADDRESS 64 CITY -ST-ZIP 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 trusted 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 attack your trusted 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 attack your trusted empowered to execute this report as required by Chapter 607.

SIGNATURE:

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23 24

ON WILL ...

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