FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 607021

(3)

PAUL CHELL, INC.

FILED
May 01 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 230 N A1A SHOPPING CNTR 230 N A1A SHOPPING CNT P.O. BOX 372312 P.O. BOX 372312 SATELLITE BEACH FL 32937-0312 SATELLITE BEACH FL 3293 US						3. Date Incorporated or Qualified 3a. Date of Last Report			
D4						01/17/1979	04/	30/1996	
. Principari]	lace of Business	2a. Mailing Address				4. FEI Number 59-1879254		h	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75 Additional Fee Required	
City & State	4	City & State			·	6. Election Campaign Financing		\$5.0	O May Be
l		28				Trust Fund Contribution			d to Fees
<i>Σ</i> φ]	Country 25	Zip	Coun	τι y		8. This corporation has liability for Florida Statutes	intangible]] Yes		s. 199,032,
L	9. Name and Address of Curr		1301			10. Name and Address of New Ro			
SATI 1. Pursuant office or r	BOX 372312 ELLITE BEACH FL 32937 to the provisions of Sections 607 0 egistered agent, or both, in the Sta	502 and 607 1508, Florida Statu te of Florida, Such change was	ites, the abo	ove-na	ity amed corp e corporat	poration submits this statement for the ion's board of directors. I hereby acce	FL purpose o	_	p Code) its registered as registered
agent (a SIGNATURE 2.	in familiar with, and accept the oblining signature, typed or protest rame of registered a OFFICERS A				gnature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AN	D DIRECT(ORS IN 12
nu:	PT	DELETE	1,1 7 1TL	E	7			Change	e 🗌 Addition
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; that I am an officer or director of the perporation 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 of changed, or on an attachment with an address.

SIGNATURE

THE NAD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

467-773-7532

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