

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **615181** (5)

1. Corporation Name
CHASSIS MASTER CORPORATION



Principal Place of Business: % ROBERT PALLADINO, 2009 N.W. 102ND TERRACE, CORAL SPRINGS FL 33071
Mailing Address: % ROBERT PALLADINO, 2009 N.W. 102ND TERRACE, CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: **03/23/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1898728**
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. State, Apt. #, etc.; 22. City & State; 23. Zip; 24. Country
2a. Mailing Address: 26. State, Apt. #, etc.; 27. City & State; 28. Zip; 29. Country; 30. Country

9. Name and Address of Current Registered Agent

**PALLADINO, ROBERT
2009 NW 102ND TERR.
CORAL SPRINGS FL 33071-2857**

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: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PD PALLADINO, ROBERT	<input type="checkbox"/> DELETE	13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 2009 NW 102 TR		13.2 NAME:	
12.3 CITY, ST., ZIP: CORAL SPRINGS FL	<input type="checkbox"/> DELETE	13.3 STREET ADDRESS:	
12.4 NAME:		13.4 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.5 NAME:	
12.6 CITY, ST., ZIP:		13.6 STREET ADDRESS:	
12.7 NAME:	<input type="checkbox"/> DELETE	13.7 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS:		13.8 NAME:	
12.9 CITY, ST., ZIP:	<input type="checkbox"/> DELETE	13.9 STREET ADDRESS:	
12.10 NAME:		13.10 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.11 NAME:	
12.12 CITY, ST., ZIP:		13.12 STREET ADDRESS:	
12.13 NAME:	<input type="checkbox"/> DELETE	13.13 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS:		13.14 NAME:	
12.15 CITY, ST., ZIP:	<input type="checkbox"/> DELETE	13.15 STREET ADDRESS:	
12.16 NAME:		13.16 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.17 NAME:	
12.18 CITY, ST., ZIP:		13.18 STREET ADDRESS:	
12.19 NAME:	<input type="checkbox"/> DELETE	13.19 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20 STREET ADDRESS:		13.20 NAME:	
12.21 CITY, ST., ZIP:	<input type="checkbox"/> DELETE	13.21 STREET ADDRESS:	
12.22 NAME:		13.22 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.23 NAME:	
12.24 CITY, ST., ZIP:		13.24 STREET ADDRESS:	
12.25 NAME:	<input type="checkbox"/> DELETE	13.25 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 STREET ADDRESS:		13.26 NAME:	
12.27 CITY, ST., ZIP:	<input type="checkbox"/> DELETE	13.27 STREET ADDRESS:	
12.28 NAME:		13.28 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.29 STREET ADDRESS:	<input type="checkbox"/> DELETE	13.29 NAME:	
12.30 CITY, ST., ZIP:		13.30 STREET ADDRESS:	

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 supplement to 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, on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96 954-985-0900

CR2E034 (12/95)