SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE CA OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).					
COR	PROFIT PORATION AL REPORT	FLORIDA DEPART Sandra B. I	Mortham	FILED	
· ·	1998	Secretary DIVISION OF CO		98 OCT 23 PM 3:3	19
DOCUMENT # 645797 (2)				SECRETARY OF STAT TALLAHASSEE, FLORIE	E DA
CHARTERED INVESTMENT RESEARCH CORPORATION				WELLINGSON, LOSIN	,J11
Principal Place of Business Mailing Address				1 (25:)	11 6,211 6,611 6,121, 122,
777 NW 72ND AVE #2 J14 777 NW 72ND AVE MIAMI FL 33126 MIAMI FL 33126		777 NW 72ND AVE #2 J14 MIAMI FL 33126		DO NOT WRITE IN THIS SPA	CE
			3. Date Incorporated or Qualified		
				11/20/1979	<u> </u>
2. Principal Place of Business 2a. Mailing Address		<b>⊢</b> ¬ '		4. FEI Number 59-1953925	Applied For  Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>∀</b> 1 \$8	3.75 Additional
22 27				5. Certificate of Status Desired	Fee Required
		City & State		Trust Fund Contribution A	5.00 May Be Added to Fees
Zip	Country 25	Zlp	Country	8. This corporation owes or has paid the current year.  Personal Property Tax due June 30. Yes	
24	9. Name and Address of Current	122		10. Name and Address of New Registered Agent	
SATULOFF, MARSHA S 81 Name					
460 W. DILIDO DR. 82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI BEACH FL 33139					
<b>**</b>					
84 City ****550 10 85 ***** Cool U					
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIE	RECTORS IN 12 change Addition
TITLE	STD	DELETE	1.1 TITLE	c	thange 🔲 Addition 😃
NAME	SATULOFF, MARSHA		1.2 NAME		%
STREET ADDRESS	460 W. DILIDO DR.		1,3 STREET ADDRESS		\frac{1}{2}
CITY-ST-ZIP	MIAMI BEACH FL	——————————————————————————————————————	1.4 CITY-ST-ZIP 2.1 TITLE		
NAME		DELETE	2.2 NAME	4000026769	henge Addition
STREET ADDRESS			2.3 STREET ADDRESS	10/30/98010	
CITY-ST-ZIP			2.4 C/TY-ST-ZIP	******8.75 *	*****8.75
TITLE		DELETE	3.1 TITLE		hange Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE 4.2 NAME	□ c	thange L Addition
NAME STREET ADORESS			4,3 STREET ADDRESS	٨	:
CITY-ST-ZIP			4.4 CITY-ST-ZIP	$\mathcal{C}\mathcal{P}$	
TITLE		DELETE	5.1 TITLE	, */ 🗆 o	hange Addition
NAME		_	5.2 NAME	ήν ,λ <sup>†</sup> - "	
STREET ADDRESS			5.3 STREET ADDRESS	۱ <sub>٬</sub> ۵٬۲۰۰۰	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	V	
TITLE		DELETE	6.1 TITLE	, C	change Addition
NAME			6.2 NAME		
STREET ADDRESS			6,3 STREET ADDRESS 6,4 CITY-ST-ZIP		
14. I 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 oath; that I am					