

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **719062** (2)

1. Corporation Name

CHIPPER, INC.



Principal Place of Business

Mailing Address

**1040 CRYSTAL LAKE DR.
APT. 4
POMPANO BCH. FL 33064
US**

**1040 CRYSTAL LAKE DR.
APT. 4
POMPANO BCH. FL 33064
US**

3. Date Incorporated or Qualified
03/02/1970

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **1040 CRYSTAL LAKE DR.**

26 **1040 CRYSTAL LAKE DR.**

4. FEI Number

65-0132258

Applied For

Not Applicable

22 Suite, Apt. #, etc.
4

27 Suite, Apt. #, etc.
4

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
Pomp. Bch. FL.

28 City & State
Pomp. Bch. FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
33064

25 Country
BROWARD.

29 Zip
33064

30 Country
BROWARD.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGNOTTA, PAUL A.
1040 CRYSTAL LAKE DR.
APT. 4
POMPANO BCH. FL 33064**

81 Name **PAUL A. MAGNOTTA**

82 Street Address (P.O. Box Number is Not Acceptable)
1040 CRYSTAL LAKE DR.

83 **# 4**

84 City **POMPANO BEACH**

FL

85 Zip Code
33064

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of registration

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MAGNOTTA, PAUL	
STREET ADDRESS	1040 CRYSTAL LAKE DR.	
CITY-ST-ZIP	POMPANO BCH. FL 33064	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUFF, BETTY	
STREET ADDRESS	1040 CRYSTAL LAKE DR.	
CITY-ST-ZIP	POMPANO BCH. FL 33064	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAISANO, V. J.	
STREET ADDRESS	2621 NE 48TH CT.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLAN, GAIL	
STREET ADDRESS	1040 CRYSTAL LAKE DR #1	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MAGNOTTA, PAUL A.	
13 STREET ADDRESS	1040 CRYSTAL LAKE DR.	
14 CITY-ST-ZIP	POMP. BCH. FL. 33064	
21 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HUFF, BETTY	
23 STREET ADDRESS	1040 CRYSTAL LAKE DR.	
24 CITY-ST-ZIP	POMP. BCH. FL. 33064	
31 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MAISANO, V.J.	
33 STREET ADDRESS	2621 NE 48TH CT.	
34 CITY-ST-ZIP	LIGHTHOUSE PT. FL. 33064	
41 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	HOLAN, GAIL	
43 STREET ADDRESS	1040 CRYSTAL LAKE DR.	
44 CITY-ST-ZIP	POMP. BCH. FL. 33064	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Paul A. Magnotta** **PAUL A. MAGNOTTA-1-16-96 305-943-5551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, Date, Month, Year

CR2E037 (12/95)