

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719062** (2)  
1. Corporation Name  
**CHIPPER, INC.**



Principal Place of Business <b>1040 CRYSTAL LAKE DR. APT. 4 POMPANO BCH. FL 33064 US</b>		Mailing Address <b>1040 CRYSTAL LAKE DR. APT. 4 POMPANO BCH. FL 33064 US</b>	
2. Principal Place of Business 21 <b>1040 Crystal Lake Dr #3</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1040 Crystal Lake Dr #3</b> Suite, Apt. #, etc.		
22 <b>3</b>	27 <b>3</b>		
23 <b>Pompano Bch</b> City & State Zip	28 <b>Pomp. Bch</b> City & State Zip		
24 <b>FL</b>	25 <b>Broward</b>	29 <b>33064</b>	30

3. Date Incorporated or Qualified <b>03/02/1970</b>	
4. FEI Number <b>65-0132258</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MAGNOTTA, PAUL A. 1040 CRYSTAL LAKE DR. APT. 4 POMPANO BCH. FL 33064</b>		10. Name and Address of New Registered Agent 81 <b>Robby Pentz</b> 82 <b>1040 Crystal Lake Dr.</b> 83 <b>Apt 3</b> 84 <b>Pomp Beach.</b> <b>FL</b> 85 <b>33064</b>	
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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 **Robby Pentz** **Robby Pentz** **6-9-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <del>DELETE</del>	1.1 TITLE	<b>President PTD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAGNOTTA, PAUL</b>	1.2 NAME	<b>Robby Pentz</b>
STREET ADDRESS	<b>1040 CRYSTAL LAKE DR.</b>	1.3 STREET ADDRESS	<b>1040 Crystal Lake Dr #3</b>
CITY-ST-ZIP	<b>POMPANO BCH. FL 33064</b>	1.4 CITY-ST-ZIP	<b>Pomp Bch. FL 33064</b>
TITLE	<b>SD</b> <del>DELETE</del>	2.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUFF, BETTY</b>	2.2 NAME	<b>Raige Pentz</b>
STREET ADDRESS	<b>1040 CRYSTAL LAKE DR.</b>	2.3 STREET ADDRESS	<b>1040 Crystal Lake Dr #3</b>
CITY-ST-ZIP	<b>POMPANO BCH. FL 33064</b>	2.4 CITY-ST-ZIP	<b>Pomp. FL 33064</b>
TITLE	<b>VD</b> <del>DELETE</del>	3.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAISANO, JOAN</b>	3.2 NAME	<b>Joan Maisano</b>
STREET ADDRESS	<b>2821 NE 48TH CT.</b>	3.3 STREET ADDRESS	<b>2821 NE 48th Ct</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>	3.4 CITY-ST-ZIP	<b>Lighthouse Pt FL 33064</b>
TITLE	<b>S</b> <del>DELETE</del>	4.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLAN, GAIL</b>	4.2 NAME	<b>Gail Holan</b>
STREET ADDRESS	<b>1040 CRYSTAL LAKE DR #1</b>	4.3 STREET ADDRESS	<b>1040 Crystal Lake Dr</b>
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>	4.4 CITY-ST-ZIP	<b>Pompano Bch. FL 33064</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **Robby Pentz** **Robby Pentz Pres** **4-27-98** **5199** **954-943-**

CR2E037 (10/97)