


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90086 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 719062					
1. Corporation Name CHIPPER, INC.					
Principal Place of Business 1040 CRYSTAL LAKE DR. APT 3 POMPANO BCH. FL 33064 US			Mailing Address 1040 CRYSTAL LAKE DR. APT 3 POMPANO BCH. FL 33064 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1040 Crystal Lake Dr		26 1040 Crystal Lake Dr		03/02/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 3		27 3		65-0132258	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Pompano Beach, FL		28 Pompano Beach, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24 33064		29 33064			
Country		Country			
25 Broward		30 Broward			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PENTZ, ROBBY 1040 CRYSTAL LAKE DR. APT 3 POMPANO BCH. FL 33064				81 Name Robby Pentz 82 Street Address (P.O. Box Number is Not Acceptable) 1040 Crystal Lake Dr 83 #3 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 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 <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTZ, ROBBY	1.2 NAME	Robby Pentz
STREET ADDRESS	1040 CRYSTAL LAKE DR, #3	1.3 STREET ADDRESS	1040 Crystal Lake Dr #3
CITY-ST-ZIP	POMPANO BCH. FL 33064	1.4 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTZ, PAIGE	2.2 NAME	John Gibbs
STREET ADDRESS	1040 CRYSTAL LAKE DR, #3	2.3 STREET ADDRESS	1040 Crystal Lake Dr #4
CITY-ST-ZIP	POMPANO BCH. FL 33064	2.4 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLAN, GAIL	3.2 NAME	Gail Holan
STREET ADDRESS	1040 CRYSTAL LAKE DR	3.3 STREET ADDRESS	1040 Crystal Lake Dr #1
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	3.4 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLAN, GAIL	4.2 NAME	Elaine Snyder
STREET ADDRESS	1040 CRYSTAL LAKE DR #1	4.3 STREET ADDRESS	1040 Crystal Lake Dr #2
CITY-ST-ZIP	POMPANO BCH, FL 00000	4.4 CITY-ST-ZIP	Pompano Beach, FL 33064
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, with all other like empowered.

SIGNATURE:

Robby Pentz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

954-9429005

Daytime Phone #

CR2E037 (1/98)