

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 97-1999 97-2000		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 767021			
1. Corporation Name THE CHRYSALIS HOUSE INC.			
Principal Place of Business THE CHRYSALIS HOUSE		Mailing Address 5904 SOUTH SWITZER AVE. TAMPA FL. 33611	

FILED

00 JAN 12 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2. Principal Place of Business 21 5904 S. SWITZER AVE. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 270585 Suite, Apt. #, etc.		3. Date Incorporated or Qualified	
22 TAMPA FL. City & State		27 TAMPA FL. City & State		4. FEI Number 59-2288756 Applied For Not Applicable	
23 33611 HILLSBOROUGH Zip Country		28 33688 HILLSBOROUGH Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SHAWN KUHN 13718 STAGHORN RD. TAMPA FL. 33626				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 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 617.1508, Florida Statutes.

SIGNATURE SHAWN J. KUHN TREASURER
(NOTE: Registered Agent signature required when reinstating) DATE 11/30/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	Change <input type="checkbox"/>		
NAME	PATRICA HERBERT			1.2 NAME	500003113805		
STREET ADDRESS	6703 GILDA DR.			1.3 STREET ADDRESS	-01/28/00--01006--007		
CITY-ST-ZIP	TAMPA FL. 33625			1.4 CITY-ST-ZIP	*****61.25 *****61.25		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Change <input type="checkbox"/>		
NAME	BILL BARRY			2.2 NAME			
STREET ADDRESS	17924 SPERCER RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ODESSA FL. 33556			2.4 CITY-ST-ZIP	500003113805		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	Change <input type="checkbox"/>		
NAME	SHAWN KUHN			3.2 NAME	-01/28/00--01006--008		
STREET ADDRESS	13718 STAGHORN RD.			3.3 STREET ADDRESS	****358.75 ****358.75		
CITY-ST-ZIP	TAMPA FL. 33636			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Change <input type="checkbox"/>		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Change <input type="checkbox"/>		
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	Change <input type="checkbox"/>		
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: SHAWN J. KUHN

11/30/99 813-265-1