FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600003378 (4)

CHANDLER ALLEN REEVES SECURITIES, INC.

Principal Place of Business

1815 NO. SURF ROAD SUITE 501 HOLLYWOOD FL 33019 Mailing Address

1815 NO. SURF ROAD SUITE 501 HOLLYWOOD FL 33019-3402

FILED Apr 29 1997 8:00am Secretary of State



NOCE INCOD	rt 93018	HOLLIWOOD FE 33019-3	402		•			
					3. Date Incorporated or Qualified 07/03/1996	3a. Date of Las	st Fleport	
	Place of Business	26. Mailing Address	18		4. FEI Number	1337	Applied For	
Suite, Apt.		26 P.O. Box 0	40		APPLIED FOR 65-07		Not Applicable	
22 Su	<u> 200</u>	Suite, Apt #, etc.			5. Certificate of Status Desired		5 Additional Required	
23 /70/	iwood, FL	28 DAMA	FL		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip /	Country	7φ	Country		8. This corporation has liability for i			
24 550	14 25 USA	29 33004	30	13/		Yes 🛣 No		
7	9. Name and Address of Current F	legistered Agent			10. Name and Address of New Re	gistered Agent		
	LFE, LARRY		81	Name				
200-A JOHN KNOX ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)				
_i tali	LAHASSEE FL 32303-6643		"	direct Address (r.o. dox Number is Not Acceptable)				
1			83					
I								
			84	City			ip Code	
11. Pursuant t	to the provisions of Sections 607.0502 a	ind 607.1508, Florida Statu	ites, the above	-named corp	oration submits this statement for the p		a ils registered	
	egistered agent, or both, in the State of m familiar with, and accept the obligation				ion's board of directors. I hereby accep	I the appointment	as registered	
SIGNATURE	San	5.1 5561.0.1 557.5555, 11	ionaa olalatea	•			:	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	1E Registered Age	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	PC	DELETE	1.1 TILLE	Di	rector ?	Chang		
NAME	Calabria, Debra L	•	1.2 NAME	1	1 6000		, ,	
STREET ADDRESS	13469 WILLIAM MEYER COURT		1.3 STREET		ana L. Newes			
CITY-ST-ZIP	PALM BEACH GARDENS FL 3341	10	1.4 CITY - S1	ومرا	DLOKUS NT 074	27	ì	
TITLE	WC	DELETE	2.1 1ITLE		Kector & Pressent	Chang	ge Addition	
NAME	REEVES, GLORIA B		2.2 NAME		loria Briggs Repl		,	
STREET ADDRESS	520 ORCHARD ROAD		2 3 STREET		ox 232 Station Ro			
CITY-ST-ZIP	HUDSON NY 12534		2. 4 CITY - S		averack MY 1	7 (7)		
TITLE	8	DELETE	3.1 TITLE		coctor + Secy Treasu	Chann	e Addition	
NAME	REEVES, ALFRED		3.2 NAME	I .	• •		in Emily House of	
STREET ADDRESS	1815 NO. SURF ROAD SUITE 50	1	3.3 \$1REE1	ADDRESS 5	800 No. Surf Rd.	105 -17		
CITY-ST-ZIP	HOLLYWOOD FL 33019		3.4. CITY- S		oc morace M.	376 201		
TITLE	T	DELETE.	4.1 Title	1 611		Chano	e Addition	
NAME	CALABRIA, JOHN	r	4. 2 NAME			L., Orlang	Notition .	
STREET ADDRESS	13469 WILLIAM MEYER COURT		4.3 STREET	Athribi co			ļ	
CITY-ST-ZIP	PALM BEACH GARDENS FL 3341	10				•		
TITLE		DELETE	4.4 CHY-ST 5.1 THEF	- 218"		Chann	no Addition	
NAME		had better	5.1 THEF 5.2 NAME			L_J Chang	e L. Addition	
STREET ADDRESS				ADDDICE			i	
CITY-ST-ZIP			53 STREET					
TITLE		DELETE	54 DAY-SI	- ZIP				
NAME		□ Mittit	6.1 TITLE			☐ Chang	pe ∐ Addition	
STREET ADDRESS			6.2 NAME					
.,			6.3 STREET /	1				
CITY-ST-ZIP	w cartify that the information a marked	ith thin filing class and : : "	6.4 CITY - ST	· 7(P	h. O			
· unomination	by certify that the information supplied with indicated on this annual report or supplied or the corporation or the Block 12 or Block 13 if clynigen, or en	utententat anbuat rebori is r	irue and accui	iale and that i	my signatura chall have the come lead.	offeet or if made.	undar aathu thad	