

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005742 (9)**

1. Corporation Name
CHAPDELAIN CORPORATE BROKERS, INC.

Principal Place of Business 80 MAIDEN LANE NEW YORK NY 10038	Mailing Address 80 MAIDEN LANE NEW YORK NY 10038
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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22. City & State	27. City & State
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23. Zip	28. Zip
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24. Country	29. Country
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4. FEI Number 13-3448902	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CHAPDELAIN, RICHARD F	
STREET ADDRESS	80 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALSH, MICHAEL E	
STREET ADDRESS	80 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BAILEY, AGNES	
STREET ADDRESS	80 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	

2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY-ST-ZIP	

3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY-ST-ZIP	

4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY-ST-ZIP	

5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY-ST-ZIP	

6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME	
6.3. STREET ADDRESS	
6.4. CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Agnes Bailey 8-22-97 212 918-9130

CR2E034 (4/97)