

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

FILED
Aug 26 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 # F96000006354 (2)

1. Corporation Name

CHESTER DIX JACKSONVILLE CORP



Principal Place of Business

Mailing Address

32 LOOCKERMAN SQ #L-100
DOVER DE 19901

32 LOOCKERMAN SQ #L-100
DOVER DE 19901-7421

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN RD
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name Lawrence RADISH REAL ESTATE
82 C/O ALAN LINKER
83 160 South University Drive - Ste F
84 City PLANTATION FL 85 Zip Code 33324

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 my obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Allen R. Linker ALLEN R. LINKER

Aug 20, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	REICHER, IRWIN	1.2 NAME	
STREET ADDRESS	135 JERICHO TURNPIKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLD WESTBURY NY 11568	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	
NAME	ALTADONNA, GRACE	2.2 NAME	
STREET ADDRESS	135 JERICHO TURNPIKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLD WESTBURY NY 11568	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Allen R. Linker

8/18/97

210 245 7700

CR2E034 (9/96)