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 # G36454

(8)

PHILIP J. CHANFRAU, JR., P.A. Principal Place of Business Mailing Address % CHANFRAU & CHANFRAU % CHANFRAU & CHANFRAU 701 N PENINSULA DR. 701 N PENINSULA DR. DAYTONA BCH. FL 32118-3830 **DAYTONA BCH. FL 32118-3830** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1996 04/29/1983 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 59-2311096 Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žιρ Country Country 700 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CHANFRAU, W.W. 701 N PENINSULA DR. 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BCH. FL **B**3 84 City 85 Zip Code 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered as state of florida Statutes, change was authorized by the corporation's board of directors. It hereby accept the appointment as registered in inhight is so. Section 607.0505. Florida Statutes. 11. Pursuant to the office or sec agent. Land SIGNATURE id tits: if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TILE 1.1 TITLE CHANFRAU JR, PHIUP J 1.2 NAME NAME 701 N PENINSULA DR STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BCH FL CDY-SH ZaP 1.4 CITY - ST - ZIP DELETE Change Addition LILLE 2.1 T(TLE 2.2 NAME MALLE STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 21P 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAM! STREET ADDRESS 4.3 STREET ADDRESS Offic ST- ZIF 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY ST ZIP 5.4 CITY-ST-7IP DELETE 6.1 TITLE Change Addition TITLE NAME **6.2 NAME**

14. Ido 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 on an attachment with an address.

6.4 CITY - ST - 2IP

6.3 STREET ADDRESS

SIGNATURE

SURFET ADDRESS

Daytime Phone •

FILED

Jan 27 1997 8:00am

Secretary of State