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7 Sep 26 1997 8:00am
Secretary of State

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1-20-97

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morthain Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 643970 (Revised) 1. Corporation Name Ed Chambers & ASSOCIATES, INC 499 N. S/R 434, Suite 2009 ALTAMONTE SPRINGS FLA 32714			
Principal Place of Business 499 N. S/R 434, Suite 2009 - SAME ALTAMONTE SPRINGS FL 32714		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent Chambers, Hobart E 1076 Kensington PK DR #202 ALTAMONTE SPRINGS FL 32714		10. Name and Address of New Registered Agent 81 Name Chambers, David A. 82 Street Address (P.O. Box Number is Not Acceptable) 411 CHEETAH DR 83 84 City APOPKA FL FL 85 Zip Code 32712	
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 agree to the provisions of, Section 607.0505, Florida Statutes. SIGNATURE: [Signature] DATE: 9-11-97			
12. OFFICERS AND DIRECTORS TITLE: CEO DELETED NAME: Chambers, Hobart E STREET ADDRESS: 1076 Kensington PK # 202 CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714 TITLE: DP NAME: Chambers, David A STREET ADDRESS: 411 CHEETAH DR CITY-ST-ZIP: APOPKA FL 32712 TITLE: [Blank] DELETED NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] TITLE: [Blank] DELETED NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] TITLE: [Blank] DELETED NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DS 1.2 NAME Chambers, Terry E 1.3 STREET ADDRESS 3601 Leota DR 1.4 CITY-ST-ZIP APOPKA FL 32703 2.1 TITLE [Blank] Change Addition 2.2 NAME [Blank] 2.3 STREET ADDRESS [Blank] 2.4 CITY-ST-ZIP [Blank] 3.1 TITLE [Blank] Change Addition 3.2 NAME [Blank] 3.3 STREET ADDRESS [Blank] 3.4 CITY-ST-ZIP [Blank] 4.1 TITLE [Blank] Change Addition 4.2 NAME [Blank] 4.3 STREET ADDRESS [Blank] 4.4 CITY-ST-ZIP [Blank] 5.1 TITLE [Blank] Change Addition 5.2 NAME [Blank] 5.3 STREET ADDRESS [Blank] 5.4 CITY-ST-ZIP [Blank] 6.1 TITLE [Blank] Change Addition 6.2 NAME [Blank] 6.3 STREET ADDRESS [Blank] 6.4 CITY-ST-ZIP [Blank]			

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-97 407 862-6222

CR2E034 (9/96)