

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayhew
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
MAY 1 1995
MAY 1 9 47
CORPORATION STATE
TREASURER FLORIDA

DOCUMENT # **G99059**

(9)

CHAIR MANAGEMENT, INC.

Principal Office (Mailing Address):
3661 N. FEDERAL HWY.
FT. LAUDERDALE FL 33308

Mailing Address:
3661 N. FEDERAL HWY.
FT. LAUDERDALE FL 33308

(PLEASE WRITE IN THIS SPACE)

2. Principal Office (Mailing Address)		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/29/1984	05/01/1994
22		27		4. FFL Number	Applied Fee
23		28		59-2382976	Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This change also has impact on appropriate tax status (SEE INSTRUCTIONS) Federal liabilities <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEVY, BRUCE J. 3661 N. FEDERAL HWY. FT. LAUDERDALE FL 33308				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 897.001, and 897.1408, 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 897.005, Florida Statutes.

SIGNATURE: _____ (Signature of Current Registered Agent) _____ (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS	
12a NAME	D LEVY, BRUCE J. 3661 N. FEDERAL HWY. FT. LAUDERDALE FL	13a NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b STREET ADDRESS		13b STREET ADDRESS	
12c CITY, STATE, ZIP		13c CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12d NAME		13d NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12e STREET ADDRESS		13e STREET ADDRESS	
12f CITY, STATE, ZIP		13f CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12g NAME		13g NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12h STREET ADDRESS		13h STREET ADDRESS	
12i CITY, STATE, ZIP		13i CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12j NAME		13j NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12k STREET ADDRESS		13k STREET ADDRESS	
12l CITY, STATE, ZIP		13l CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information requested with this filing is voluntarily furnished and true, and equally for the certificate states in law books 111.071 (b), Florida Statutes. I further certify that the information requested on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That there are no other directors of the corporation in the name of Florida incorporated to insert into this report as required by Chapter 111, Florida Statutes, and that my name appears in block 12 or block 13 of this report as required. I forward with this address:

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE J. LEVY
4-24-95
305-561-4112