

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

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Apr 17 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 # J78020 (1)
 1. Corporation Name
THE CHUMMER INCORPORATED



Principal Place of Business 12167 69TH AVENUE SEMINOLE FL 34642 US	Mailing Address 12167 69TH AVE N. SEMINOLE FL 33772-5631 -US
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2. Principal Place of Business 21 1026 N. FOXRUN TERR.		2a. Mailing Address 26 1026 N. FOXRUN TERR		3. Date Incorporated or Qualified 06/12/1987	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2873348	Applied For Not Applicable
City & State 22 INVERNESS, FL.		City & State 27 INVERNESS, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34453		Country 25 CITRUS		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 34453		Country 30 CITRUS		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PERUCHE, SR., ROBERT M. 12167 69TH AVENUE N. SEMINOLE FL 34642				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable) 1026 N. FOXRUN TERR.					
83					
84 City INVERNESS				85 State FL	86 Zip Code 34453

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	DP <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PERUCHE, ROBERT M. SR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12167 69TH AVENUE	1.2 NAME	
CITY-ST-ZIP	SEMINOLE FL	1.3 STREET ADDRESS	1026 N. FOXRUN TERR
TITLE	DST <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	INVERNESS, FL. 34453
NAME	WILLIAMS, DANISE A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12167 69TH AVENUE N.	2.2 NAME	
CITY-ST-ZIP	SEMINOLE FL	2.3 STREET ADDRESS	1026 N. FOXRUN TERR
TITLE	D <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	INVERNESS, FL 34453
NAME	PERUCHE, ROBERT M JR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11693 81 AVE	3.2 NAME	
CITY-ST-ZIP	SEMINOLE FL	3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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: *Danise A. Williams* **4/13/97** **952-637-3762**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)