

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L20248** (5)
1. Corporation Name
CHAMBRO, INC.



Principal Place of Business

C/O DEBES CORPORATION
6180 E STATE ST
ROCKFORD IL 61107
US

Mailing Address

C/O DEBES CORPORATION
6180 E STATE ST
ROCKFORD IL 61107
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1989		3a. Date of Last Report 07/24/1995	
21	% DEBES CORP	26		4. FEI Number 36-3676548		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	6180 E STATE ST	27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State SAME		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	ROCKFORD IL	28					
Zip	Country	Zip	Country				
24	61107	25	USA				

9. Name and Address of Current Registered Agent

HENDRICK, JAMES T
317 WHITEHEAD ST
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 date (if applicable)

(If Officer - Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBES, CHERYL L.	1.2 NAME	
STREET ADDRESS	6180 E STATE T	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKFORD ILL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNKE, RICHARD	2.2 NAME	
STREET ADDRESS	6180 E STATE ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKFORD ILL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, BARBARA A.	3.2 NAME	
STREET ADDRESS	6180 E STATE ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKFORD ILL	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORONADO, SUSAN	4.2 NAME	
STREET ADDRESS	6180 E STATE ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKFORD IL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra B. Morham*
DATE: **4/29/96**
DAYTIME PHONE: **815/229-1848**