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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L80276

(3)

CHAPPELL CONSULTING, INC.

UNAFFI	ELL GONSOLTHAG, INC.						
Principal Place o	f Business	Mailing Address				i Briti Ailani Ardio Ardat Angas anan Arasa 1861	
2326 SO CONGRESS AVE 2B WEST PALM BEACH FL 33406		2326 SO CONGRESS AVE 2B WEST PALM BEACH FL 33406					
					3. Date Incorporated or Qualified 06/12/1990	3a. Date of Last Report 04/25/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
432 SAN FERNANDO DRIVE		26 432 SAN FERNANDO DRIVE		65-0199496	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
PALM SPRINGS, FL		27 PALM SPRINGS, FL City & State		6. Election Campaign Financing	\$5.00 May Be		
City & State 23 33461		28 33461		Trust Fund Contribution	Added to Fees		
Zip Country		Zip Country		8. This corporation has liability for intangible tax under s 199.032,			
24	25 USA	29	30 US	<u> </u>		□ No	
	9. Name and Address of Curren	t Registered Agent		.1	10. Name and Address of New R	egistered Agent	
			8	1 Name			
CHAPPELL, JOHN T.				82 Street Address (P.O. Box Number is Not Acceptable)		ile)	
	FERNANDO DR.		-	13			
PALM SE	PRINGS FL 33461			3			
			ε	4 City		FL 85 Zip Code	
familiar with SIGNATURE	n, and accept the obligations of, Soct	on 607,0505, Florida Statute Cuting School and title if projulps	9S. NOTE: Registereri A	gont signature require		H - 16-96 TICERS AND DIRECTORS IN 12	
12.	OFFICERS ANI		13.	 	ADDITIONS/CHANGES TO OFF	Change Addition	
TITLE	PTD Chappell, John T.	DELÉTE	1.170			C o mildo C harren	
NAME	432 SAN FERNANDO DR.		1.2 NAM	EET ADDRESS			
STREET ADDRESS	PALM SPRINGS FL.			(-ST-ZIP			
CITY-ST-ZIP TITLE	VSD			LE		Change Addition	
NAME	CHAPPELL, SANDRA A.		22 NA	AE			
STREET ADDRESS	432 SAN FERNANDO DR.		2 3 STR	EE1 ADDRESS			
CITY - ST - ZIP	PALM SPRINGS FL	GS FL		Y - ST - ZIP			
TITLE		☐ DELETE	3 1 111	LE	Change Addition		
NAME			3 2 NA	AE .			
STREET ADDRESS				REET ADDRESS			
CHY-ST-ZIF		☐ DELETE	3.4 C/T 4. 1 T/J	Y-S1-7IP		Change Addition	
TITLE			4. 1 UI			FT - 1.9- FT 1-5.0-1	
NAME				REET ADDRESS			
STREET ADDRESS				Y-ST-ZIP			
CHTV+ST-ZIP TITLE		☐ DELETE	5 1 Til			☐ Change ☐ Addition	
NAME		_	52 NA	ME			
STREET ADDRESS			5381	REET ADDRESS			
C11Y-S1-7IP			5 4 CIT	Y-ST-ZIP		Diole Prince	
TITLÉ		☐ DELETE	6 1 Ti			Change Addition	
NAME.			6 2 NA				
STREET ADDRESS				REFT ADDRESS			
CITY-S1-ZIP	and that the information are alread	with this filing is valuated to	urnighed and	Y-ST-ZIP	for the exemption stated in Section 119	9.07(3)(k), Florida Statutes. I further	
certify that		iual report or supplemental a oration or the receiver or tru:	nnuai report is stee empower		rate and that my signature shall have the his report as required by Chapter 607, I		

SIGNATURE: Sandra A. CHAPPELL 4-16-96 407-967-9783

CR2E034 (12/95)