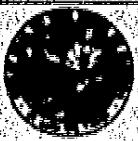


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 19 AM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M70725**

(0)

1. Corporation Name

**CHAFBRACK, INCORPORATED**

Principal Place of Business

16 ROBERT R. CHAFFROT, SR.  
1002 S. FOSKE BLVD. #101  
ROCKLEDGE FL 32955

Mailing Address

16 ROBERT R. CHAFFROT, SR.  
1002 S. FOSKE BLVD. #101  
ROCKLEDGE FL 32955

2. Principal Place of Business

21 Suite, Apt. #, etc.

28 Mailing Address

26

Suite, Apt. #, etc.

27

22 City & State

28 City & State

23 Zip

29 Zip

24 Country

30 Country

9. Name and Address of Current Registered Agent

CHAFFROT, ROBERT R., SR.  
1002 S. FOSKE BLVD.  
#101  
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number Is Not Acceptable)

63

64 City

FL

65 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 title if applicable.

(NOTE: Registered Agent signature required when initiating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAFFROT, ROBERT R.SR.	1.2 NAME	
STREET ADDRESS	6 RIVER RIDGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKETT, ROBERT L.	2.2 NAME	
STREET ADDRESS	2000 14TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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 attorney 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 of section 1, or on an attachment with an address.

SIGNATURE:

Robert R. Chaffrot, Sr.

407-632-3365

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone #