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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N21833

(1)

1. Corporation Name

CCH AUXILIARY, INC.



Principal Place of Business

1521 DRUID RD E
CLEARWATER FL 34616

Mailing Address

1521 DRUID RD E
CLEARWATER FL 34616

3. Date Incorporated or Qualified
06/30/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Dey, Gregory C.P.A.
MINK & RAY P.A.
611 DRUID ROAD E
SUITE 510
CLEARWATER FL 34616

81 Name Dey, Gregory, C.P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
611 Druid Road E. Suite 510

83

84 City Clearwater

FL

85 Zip Code
34616

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if provided to

(NOTE: Registered Agent signature required when reinstating)

DATE

5-10-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRES	BLACKMAN, MIGNONETTE	1709 RAINBOW DRIVE	CLEARWATER FL	<input checked="" type="checkbox"/>
VD	WEAVER, GERTRUDE	19029 US 19 N., APT. 24D	CLEARWATER FL	<input checked="" type="checkbox"/>
VP	BOUCHER, MARJORIE	1447 JASMINE WAY	CLEARWATER FL	<input checked="" type="checkbox"/>
TD	KNAPP, HELEN	2015 IMPERIAL WAY	CLEARWATER FL	<input checked="" type="checkbox"/>
SEC	KENNEDY, MARGARET	2033 YALE AVENUE	DUNEDIN FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Killian, Jane B.	1709 Rainbow Dr.,	Clearwater 34615	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1st V.P.	Kobisk, Joan	1430 Normandy Park Dr.	Apt. #2 Clearwater FL 34616	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2nd V.P.	Frank Butler	1235 S. Highland Ave	Apt. 307D Clearwater, FL 34616	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Maggie Kennedy	2033 Yale Ave	Dunedin, Fla 34698	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Carole Avery	1655 S. Highland Ave	G164 Clearwater, Fla 34616	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-96

CR2E037 (12/95)