

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

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FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90023 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07749

1. Corporation Name
CHANEL, INC.



Principal Place of Business 876 CENTENNIAL AVE PISCATAWAY NJ 08855	Mailing Address 876 CENTENNIAL AVE PISCATAWAY NJ 08855
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 10/15/1985	
4. FEI Number 13-0565120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
 801 NORTHEAST 167TH STREET
 SUITE 300
 NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	WERTHEIMER, ALAIN
STREET ADDRESS	9 WEST 57 STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> DELETE
NAME	KOPELMAN, ARIE
STREET ADDRESS	9 WEST 57TH STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LUTZ, ROBERT
STREET ADDRESS	9 WEST 57 STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	HEILBRONN, CHARLES
STREET ADDRESS	9 WEST 57 STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	CFO <input type="checkbox"/> DELETE
NAME	MURPHY, MICHAEL F.
STREET ADDRESS	9 WEST 57TH STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	GANNON, DENNIS
STREET ADDRESS	9 WEST 57 STREET
CITY-ST-ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ 2/19/99 (732) 885-5500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)