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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P33369

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Mar	11	1997	8:00am
Se	cre	tary o	f State

1. Corporation Name CHARTWELL CAPITAL, LTD., INC. Principal Place of Business P.O. BOX 2247 FT. LAUDERDALE FL 33303-2247 Principal Place of Business P.O. BOX 2247 FT. LAUDERDALE FL 33303-2247									
						 Date Incorporated or Qualified 03/29/1991 		ate of Last 19/1996	
2. Principal P 21	Pace of Business	2a, Mailing A	Address			I. FEI Number 65-0248093		<u> </u>	Applied For Not Applicable
Suite, Apl	#, etc	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
City & Stat	te	27 City & Str	ate	····		Election Campaign Financing			Required May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country] '	This corporation has liability for Florida Statutes		tax under No	s. 199.032,
24	25 9. Name and Address of Cu	29 irrent Registered Age	nt 30	<u>"I</u>	1	D. Name and Address of New			
THV	AVED CHADIES I			81 Na	ime				77714184477
	FIESTA WAY 4	420 Ide 9	Capri	62 St	eet Address	(P.O. Box Number is Not Accep	table)		
FT.	LAUDERDALE FL 33301	ν		83					
									.,,
•				84 Ci	У		FL	85 Zip	Code
office or r	to the provisions of Sections 607 registered agent, or both, in the S lim familiar with, and accept the o	State of Florida, Such o	change was auth	horized by the	Anennestian's	a board of directors. I become oc-	cent the and	ointment a	is registered
SIGNATURE	Signatural Superaria primed nament jugistem			la Statutes.			DATE		
	Signatur Special protect contragates	id agent and Pile it applicable.	(NOTE: Re	egistered Agent sig			DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Sq. star. Appeals of medicine strugstee OFFICERS	id agent and File it applicable. AND DIRECTORS	(NOTE RE	egistered Agent sig 13.		nen reinstating)	DATE		RS IN 12
SIGNATURE 12. TITLE NAME	Sq. star. Appeals of medicine strugstee OFFICERS	id agent and File it applicable. AND DIRECTORS	(NOTE RE	egistered Agent sig 13. 1.1 TITLE 1.2 NAME	nature required wi	nen reinstating)	DATE	DIRECTO	RS IN 12
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information indicated on this annual report am an officer or director of the corporal appears in Block 12 or Block 13 if chang and accurate and that my signature shall have the same legal effect as if made under or no grecute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0293199