

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P33683

(4)

1. Corporation Name  
CCHP, INC.

Principal Place of Business  
1515 SOUTH FEDERAL HIGHWAY, SUITE 210  
BOCA RATON FL 33432

Mailing Address  
1515 SOUTH FEDERAL HIGHWAY, SUITE 210  
BOCA RATON FL 33432-7482



|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>04/24/1991  | 3a. Date of Last Report<br>04/23/1996 |
| 4. FEI Number<br>13-3613597  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

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

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent  |  |
| THE PRENTICE-HALL CORPORATION SYSTEM INC.<br>1201 HAYS STREET<br>SUITE 105<br>TALLAHASSEE FL 32301 |  |

|  |    |
|--|----|
| 10. Name and Address of New Registered Agent           |    |
| 81. Name   |    |
| 82. Street Address (P.O. Box Number is Not Acceptable) |    |
| 83. City   |    |
| 84. State  | FL |
| 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 |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------|---|--|
| TITLE                      | TO                            | 1.1 TITLE   |  |
| NAME                       | CLARK, KEVIN C                | 1.2 NAME  |  |
| STREET ADDRESS             | 96 CROOSRIDGE RD.             | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NEW CANAAN CT 06840           | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VS                            | 2.1 TITLE   |  |
| NAME                       | HENSEL, EMIL                  | 2.2 NAME  |  |
| STREET ADDRESS             | 1515 S. FED. HWY., #210       | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BOCA RATON FL 33432           | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | P                             | 3.1 TITLE   |  |
| NAME                       | BOSHART, JOSEPH               | 3.2 NAME  |  |
| STREET ADDRESS             | 1515 S. FEDERAL HIGHWAY, #210 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BOCA RATON FL 33432           | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                             | 4.1 TITLE   |  |
| NAME                       | BOK, ROBERT L                 | 4.2 NAME  |  |
| STREET ADDRESS             | 327 ALEXANDER PALM ROAD       | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BOCA RATON FL 33432           | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                             | 5.1 TITLE   |  |
| NAME                       | HAGER, EDWARD B               | 5.2 NAME  |  |
| STREET ADDRESS             | PINNACLE MOUNTAIN FARMS       | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LYNDEHOROUGH NH 03082         | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                             | 6.1 TITLE   |  |
| NAME                       | HAMPERS, CONSTANTINE L        | 6.2 NAME  |  |
| STREET ADDRESS             | OAK HILL, BOX 2               | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DUBLIN NH 03444               | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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.

EMIL HENSEL, SECRETARY 4/23/97 (561) 391-0000

CR2E034 (9/96)