

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000016863 (1)
1. Corporation Name

C.H.A.D. OF SOUTH FLORIDA, INC.



Principal Place of Business 2712 NE 12TH ST POMPANO BEACH FL 33062	Mailing Address 2712 NE 12TH ST POMPANO BEACH FL 33062
--	--

3. Date Incorporated or Qualified 03/05/1993	3a. Date of Last Report 06/12/1995
--	--

2. Principal Place of Business 21 2712 NE 12TH ST	2a. Mailing Address 26 PO BOX 10885	4. FEI Number 65-0483529	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State Pompano Beach, Fla.	28 City & State Pompano Beach Fla.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 33062	25 Country USA	29 Zip 33061	30 Country USA	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent RANEY, A E JR 2712 NE 12TH ST POMPANO BEACH FL 33062		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			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: *[Signature]* **A. E. RANEY JR** **6/17/96**

Signature valid only if name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	NAME RANEY, A E JR	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2712 NE 12TH ST	CITY-ST-ZIP POMPANO BEACH FL 33062	1.2 NAME
TITLE Secretary	NAME Diane Poirier	1.3 STREET ADDRESS
STREET ADDRESS 2712 NE 12th St.	CITY-ST-ZIP Pompano Bch Fla 33062	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS
TITLE	NAME	2.4 CITY-ST-ZIP
STREET ADDRESS	STREET ADDRESS	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS
STREET ADDRESS	STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	5.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS
TITLE	NAME	5.4 CITY-ST-ZIP
STREET ADDRESS	STREET ADDRESS	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP	6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

900001902789
-07/24/96--01009--015
*****225.00**

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]* **6/17/96 9544925883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)