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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000030701 (5)
1. Corporation Name
FLORIDA CHAMBER SERVICES CORPORATION



Principal Place of Business: 136 SOUTH BRONOUGH STREET TALLAHASSEE FL 32301
Mailing Address: P. O. BOX 11309 TALLAHASSEE FL 32302-3909 US

3. Date Incorporated or Qualified 04/28/1993	3a. Date of Last Report 04/24/1996
4. FEI Number 59-3181093	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	9. Name and Address of Current Registered Agent RYLL, FRANK M. 136 SOUTH BRONOUGH STREET TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name LEON H. CASSELS 82 Street Address (P.O. Box Number is Not Acceptable) 136 S. BRONOUGH 83 84 City TALLAHASSEE FL 85 Zip Code 32301
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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: *Leon H. Cassels* LEON H. CASSELS, CFO DATE: 4/22/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: RYLL, FRANK M	1.1 TITLE:	NAME: LEON H. CASSELS
STREET ADDRESS: 136 S. BRONOUGH STREET	CITY-ST-ZIP: TALLAHASSEE FL	1.2 NAME:	1.3 STREET ADDRESS: 136 S. BRONOUGH
TITLE: EVP	NAME: MCKNIGHT, ROBERT W	1.4 CITY-ST-ZIP:	2.1 TITLE:
STREET ADDRESS: 136 S. BRONOUGH ST	CITY-ST-ZIP: TALLAHASSEE FL	2.2 NAME:	2.3 STREET ADDRESS:
TITLE: SVP	NAME: CASSELS, LEON	2.4 CITY-ST-ZIP:	3.1 TITLE: TREASURER
STREET ADDRESS: 136 S. BRONOUGH STREET	CITY-ST-ZIP: TALLAHASSEE FL	3.2 NAME:	3.2 NAME: LEON H. CASSELS
TITLE: C	NAME: HOUCK, KEITH	3.3 STREET ADDRESS:	3.3 STREET ADDRESS: 136 S. BRONOUGH
STREET ADDRESS: 201 EAST PINE ST.	CITY-ST-ZIP: ORLANDO FL	3.4 CITY-ST-ZIP:	3.4 CITY-ST-ZIP: TALLAHASSEE, FL 32301
TITLE: T	NAME: TATUN, DOUGLAS	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 100 GALLERIA PARKWAY #400	CITY-ST-ZIP: ATLANTA GA	4.2 NAME:	4.3 STREET ADDRESS:
TITLE:	NAME:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	5.1 TITLE:
CITY-ST-ZIP:		5.2 NAME:	5.3 STREET ADDRESS:
		5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
		5.4 CITY-ST-ZIP:	6.1 TITLE:
		6.2 NAME:	6.2 NAME:
		6.3 STREET ADDRESS:	6.3 STREET ADDRESS:
		6.4 CITY-ST-ZIP:	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.

SIGNATURE: *Leon H. Cassels* LEON H. CASSELS, CFO DAYTIME PHONE: 904-425-1253

CR2E034 (9/96)