

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000044957 (6)

1. Corporation Name

~~CHG MANAGEMENT CORP.~~ CHG MASSACHUSETTS CORP.



Principal Place of Business

3250 MARY STREET
SUITE 500
MIAMI FL 33133

Mailing Address

3250 MARY STREET
SUITE 500
MIAMI FL 33133

3. Date Incorporated or Qualified
06/08/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0511531

Applied For
Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELTZ, ARVIN ESO.
3250 MARY STREET
SUITE 500
MIAMI FL 33133

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 of person authorized to register agent and/or office

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CP
WEISER, SHERWOOD M
3250 MARY STREET, SUITE 500
MIAMI FL

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

DCP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AS
LEFTON, DONALD E
3250 MARY STREET, SUITE 500
MIAMI FL

☐ DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

DAS

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VAS
HEWITT, THOMAS F.
3250 MARY STREET, SUITE 500
MIAMI FL

☐ DELETE

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
SIBLEY, PETER L.
3250 MARY STREET, SUITE 500
MIAMI FL

☐ DELETE

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VST
TEMLING, W. PETER
3250 MARY STREET, SUITE 500
MIAMI FL

☐ DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CH
TEMLING, W. PETER
3250 MARY STREET, SUITE 500
MIAMI FL

☐ DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. PETER TEMLING, SEC.

4/30/96

(305) 445-2493

CR2E034 (12/95)