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

CORPORATION annual report



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

CITY-S1-76

14. I do hereby certify that the information indicated on

Lam an officer or direct appears in Block 12 or

SIGNATURE:

information supple s annual repoi

DOCUMENT # P9400059384 (5)

CHAMELEON CONCEPTS, INC.

Mailing Address Principal Place of Business 3801 HOLLYWOOD BLVD 3801 HOLLYWOOD BLVD SUITE 101 SUITE 101 HOLLYWOOD FL 33021-6729 HOLLYWOOD FL 33021 3a. Date of Last Report 3. Date Incorporated or Qualified 08/09/1994 04/23/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0518361 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Florida Statutes Yes No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name LOTSPEICH, BRADSHAW Howard A. Kusnick Street Address (P.O. Box Number is Not Acceptable) 950 S MIAM! AVE 82 MIAMI FL 33130-4121 8211 W. Broward Blvd. #420 83 Zip Code 84 City 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 1 am familiar with, and accept the obligations of Region 607.0505, Florida Statutes.

SIGNATURE

HOWARD A VIGNATURE Registered Agent signature required when reinstating) OFFICIAS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. 12. President Change Addition ___ DELETE 1.1 TITLE BILL VASU, MARK CR2E034 12 NAME 3525 ME 163RD ST. 1.3 STREET ADDRESS STREET ADDRESS N MIAMI FL 1.4 CITY-ST-ZIP CITY - ST- ZIP Change Addition DELETE 2.1 TITLE DIVE DELANEY, GERARD 2.2 NAME NAME 3525 NE 163RD ST. 2.3 STREET ADDRESS STREET ADDRESS N MIAM! FL 2. 4 CITY-ST-ZIP CHY-SI-7P Divice President Addition DELETE 31 TITLE THLE MILLER, SHANNON 3.2 NAME 3525 NE 163RD ST. 3.3 STREET ADDRESS STREET ADDRESS N MIAMI FL 3.4. CITY-ST-ZIP Addition DELETE Change Trassured 4.1 TITLE Secudary, THILE 4.2 NAME STEUE CADUN gud Suite 101 3801 Hollywood 4.3 STREET ADDRESS STREET ADORESS 4.4 City - St - 7iP Hollywood COLY-ST Change Addition 51 TITLE THE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY- ST-2iP CHY-ST-7iP Change Addition DELETE 61 TITLE T-DE 62 NAME DAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the applemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address.