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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400068861 (1)

CHANDLER AND ASSOCIATES, INC.

Principal Place of Business Mailing Address						L INDITARN LIN CONT. CINC. CONT. CONT. CONT.	} 8 9 9 9 9 9 9 9 9	ACDS LEADY BLOW	,
1237 CORAL LANE 1237 CORAL LANE HOLLYWOOD FL 33019-2203									
						3. Date Incorporated or Qualified 09/15/1994		te of Last R 5/1996	leport
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number 65-0526362			oplied For
Sute, Apt	. #, etc	Suite, Apt. #, etc.						\$8.75	ot Applicable
22		27				5. Certificate of Status Desired		* *	equired
Orty & Sta 23		City & State	<u></u>			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be to Fees
Zip	Country Zip Cou			niry		6. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Curre		30			Florida Statutes 10. Name and Address of New Re		No	
CH	ANDLER, HAROLD B			81	Name	10. Hallo dila 200/000 of How He	gistorea A	- Sour	
	7 CORAL LANE				Connet Andri	(20 B) ()			
	LLYWOOD FL 33019		[82	Street Addre	ess (P.O. Box Number is Not Acceptat	rie)		
				83				***************************************	
			-	84	City			85 Zip (Code
11 D. roupet	to the requirement of Sections 607.06	00 and 607 1609. Florida Ctatul					<u>FL</u>		
office or	registered agent, or both, in the Stat	e of Florida. Such change was a	es, the ab authorized	ove by	rnamed corp the corporati	oration submits this statement for the plants of directors. I hereby acception's board of directors. I hereby acceptions	ourpose of pt the appo	changing it sintment as	s registered registered
	am familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statu	ıtes					_
SIGNATURE	Signature, typed or princed had eight egistered as	gent and title of applicable (NOTE	E: Registered	Age	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AF	ND DIRECTORS	13.	Ť		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
111 ₄ F	PD	DELETE	1.1 7171	LE			,	Change	Addition
MAME	CHANDLER, DINDY		1.2 NA	ME					
STREET ADDRESS	•		1.3 STR	REET.	ADDRESS				
CHY-ST 7P	HOLLYWOOD FL 33019		1.4 CIT		r-zip				
THE	STD Chandler, Harold B	☐ DELETE	2 1 1111				ļ	LI Change	Addition
NAME	1007 CODAL LANE			2.2 NAME					
STREET ADDRESS	HOLLYWOOD FL 33019			2 3 STREET ADDRESS			77		
CEY-SI-Z# TILE	110001100010	☐ DELETE		2 4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
NAME			32 NAI				•	Unango Com	L reduitor
\$1REET ADDRESS			1		address				
CITY-ST-ZP			3 4. CIT		1				
1:TLF	□ DEL		4.1 TITLE					Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET	address				
011Y - \$4 - 7d*		les es	4.4 CIT	_	- ZIP			<u> </u>	
Tille	1	L) DELETE	5.1 TITU				ļ	Change	Addition
NAME STREET ADDRESS			5 2 NAM		I D D C C C C				
City St-20	‡				ADDRESS				
THE		DELETE	5.4 CHT		- ZiP			Change	Addition
NAME		L. Descri	6.2 NAM				,	- Chariga	- Moliton
STEEL ADDRESS					ADDRESS				
CITY - ST - ZIP			6.4 CIT						
14. Ldc here	by certify that the information supplied	ad with this filing does not qualif	y for the e	YAY	notion stated	in Section 119.07(3)(i), Florida Statute	s I further	certify that	the
i am an c	on indicated on this annual report or officer or director of the corporation on In Block 12 or Block 13 if changed in	or trie receiver or trustee empowi	ered to ex	KGC	rate and that ute this report	my signature shall have the same legat t as required by Chapter 607, Florida S	il effect as itatutes; an	ii made und d that my n	der oath; that lame

SIGNATURE: //

DINOY CHANOLER 4/197

FILED

Apr 07 1997 8:00am

Secretary of State