

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 # P94000081593 (3)

1. Corporation Name

CHRISO CORPORATION



Principal Place of Business

2451 McMULLEN BOOTH ROAD
SUITE 200
CLEARWATER FL 34619

Mailing Address

2451 McMULLEN BOOTH ROAD
SUITE 200
CLEARWATER FL 34619

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

29

30

30

30

9. Name and Address of Current Registered Agent

**FARANTATOS, G N
2451 McMULLEN BOOTH ROAD
SUITE 200
CLEARWATER FL 34619**

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, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when re-registering.

DATE

CR2E034 (12/95)

OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE

PSTD

NAME

FARANTATOS, G N

STREET ADDRESS

2451 McMULLEN BOOTH ROAD, SUITE 200

CITY-ST-ZIP

CLEARWATER FL 34619

TITLE

DELETE

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

4000001835704

-05/22/96-01119-026

***225.00

5/22/96

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

5-1596

(813) 799-0111
Daytime Phone #