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May 15 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 # P95000056780 (6)

1. Corporation Name
CHIMA, INC.



Principal Place of Business
411 24TH ST
WEST PALM BEACH FL 33407
US

Mailing Address
3712 CALVIN AVE
WEST PALM BEACH FL 33407-4418
US

411 24th St
WPB 33407

3. Date Incorporated or Qualified: 07/21/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0604651
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip Country (25)
29. Zip Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRSCHNER, HARRY
3712 CALVIN AVE
WEST PALM BEACH FL 33407

518 39th St
WPB
FL 33407

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: D [] DELETE
12.2 NAME: KIRSCHNER, HARRY
12.3 STREET ADDRESS: 3712 CALVIN AVE
12.4 CITY-ST-ZIP: WEST PALM BEACH FL WPB 33407
12.5 TITLE: D [] DELETE
12.6 NAME: JAMESON, VALERIE
12.7 STREET ADDRESS: 3712 CALVIN AVE
12.8 CITY-ST-ZIP: WEST PALM BEACH FL WPB FL 33407

13.1 TITLE: [] Change [] Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY-ST-ZIP:
13.5 TITLE: [] Change [] Addition
13.6 NAME:
13.7 STREET ADDRESS:
13.8 CITY-ST-ZIP:
13.9 TITLE: [] Change [] Addition
13.10 NAME:
13.11 STREET ADDRESS:
13.12 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: _____ 5/19/97

CR2E034 (9/96)