

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 # P95000079198 (4)

1. Corporation Name

C.H.I.P.S. CASINO HOTEL INSTITUTE FOR PROFESSIONAL SECURITY, INC.



Principal Place of Business

4224 MAISON STREET
HOLLYWOOD FL 33021

MADISON ST.

Mailing Address

4224 MAISON STREET
HOLLYWOOD FL 33021

MADISON ST.

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/13/1995

3a. Date of Last Report

4. FEI Number
65-0663843

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and the individual

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FIELDS, JOSEPH W
STREET ADDRESS 4224 MADISON STREET
CITY-STATE-ZIP HOLLYWOOD FL 33021

TITLE STD
NAME PAGAN, IRENE
STREET ADDRESS 858 SELLARS AVENUE
CITY-STATE-ZIP LAKE ALFRED FL 33850

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

000001840890
-05/28/96--01035--014
***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph W. Fields Jr.
JOSEPH W. FIELDS JR.

4/22/96

(954) 962-0869

CR2E034 (12/95)