

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000001102 (8)

Corporation Name

CHICAGO HOME WORKS, INC.



Principal Place of Business 8623 REGENCY PARK BLVD. PORT RICHEY FL 34668		Mailing Address 8623 REGENCY PARK BLVD. PORT RICHEY FL 34668		3. Date incorporated or Qualified 12/27/1995		3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3352411		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					
9. Name and Address of Current Registered Agent ADESSI, MICHAEL V 8623 REGENCY PARK BLVD. C/O NETWORK BUSINESS SOLUTIONS, INC. PORT RICHEY FL 34668				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 title if applicable (NOTE: Registered Agent signature required when reappointing) DATE							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				11 TITLE PVTSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				12 NAME DONALD J KALTER			
STREET ADDRESS				13 STREET ADDRESS 7602 NOTRE DAME DRIVE			
CITY-ST-ZIP				14 CITY-ST-ZIP NEW PORT RICHEY, FL 34655			
TITLE <input type="checkbox"/> DELETE				21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

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 617, 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

DATE

Signature-Phone #

CR2E034 (3/96)