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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jun 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039267 (5)

CHIPS & TECHNOLOGIES, INC.

Principal Piac 4700 140TH AV SUITE 101 CLEARWATER	- · · -	Mailing Address 4700 140TH AVENUE NORTH SUITE 101 CLEARWATER FL 34622-3847			
	, 2 0,000			3. Date Incorporated or Qualified 05/03/1996	3a. Date of Last Report
 2. Principal P 21 277 	Place of Business 3 ENES DEISE P. FA	2a. Mailing Address		4. FEI Number 59-339336	Applied For Not Applicable
Suite, Apt. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	water F1. 346/9	City & State	Florida	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Zip	Country 25 1/5/A	Zip 34	Country 116A	8. This corporation has liability for	
24 / 7/1/	g. Name and Address of Current I	<u> </u>	4 42/1	10. Name and Address of New Re	
מיח	ONOGHUE, KEVIN		81 Name	. 010	
ATAN AATTI AATTI AATTI				viv ()" Dong h VE ress (P.O. Box Number's Not Acceptab	lo)
SUITE 101 271 3				Enterprise Romo	EAST
CLEARWATER FL 34822					
İ			84 City	+. C	85 Zip Code
dd Divouent	to the provisions of Castions CO7 OFOO	and CO7 1509 Florida Ctatutan	1 1 1	parwacer, PC.	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 obligation of Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, lyped or printed name of registered agent of	ar title if applicable. (NO1E: F	legistered Agent signature requi	ed when reinstating)	DATE
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	Kresiden TA	☐ DELETE	1.1 TITLE		Change Addition
NAME	Kevin O'Donoghue	127	1.2 NAME		
STREET ADDRESS	2773 Enlerprise Road	(6A31 ATD	1.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE	Cyparma en, re- 35	DELETÉ	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	Keyw Bronghue		2 2 NAME		C change E moston
STREET ADDRESS	2773 ENERSPISE LOA	DEAST, #57	23 STREET ADDRESS		
CITY-ST-ZIP	Clearwater Pr 346	19	2 4 City-St-ZiP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.1 TITLE . 5.2 NAME		El cuando El vontitoti
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		<u> </u>

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 axia chment with an address.

6.4 C(TY-S1-7)P