

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

FILED

**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000069729
 1. Corporation Name
CHAZ COLONY, INC.

Principal Place of Business 444 Seabreeze Blvd. Suite 900 Daytona Beach, FL 32118	Mailing Address P.O. Box 15200 Daytona Beach, FL32115
---	---

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified August 21, 1996	3a. Date of Last Report
4. FEI Number 59-3411105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Charles D. Hood, Jr.
444 Seabreeze Blvd., Suite 900
Daytona BEach, FL 32118

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Hood, Charles D. Jr.
STREET ADDRESS		1.3 STREET ADDRESS	444 Seabreeze Blvd., Suite 900
CITY-ST- ZIP		1.4 CITY-ST- ZIP	Daytona Beach, FL 32118
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Vandagriff, Sarah D.
STREET ADDRESS		2.3 STREET ADDRESS	444 Seabreeze Blvd., Suite 900
CITY-ST- ZIP		2.4 CITY-ST- ZIP	Daytona Beach, FL 32118
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	S/T Jones, Else J.
STREET ADDRESS		3.3 STREET ADDRESS	444 Seabreeze Blvd., Suite 900
CITY-ST- ZIP		3.4 CITY-ST- ZIP	Daytona Beach, FL 32118
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST- ZIP		4.4 CITY-ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST- ZIP		5.4 CITY-ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	000002174040
STREET ADDRESS		6.3 STREET ADDRESS	-05/09/97--01135--027
CITY-ST- ZIP		6.4 CITY-ST- ZIP	***165.00

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: _____ **Charles D. Hood, Jr., President 4/30/97 904/254-6875**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #

CR2E034 (9/96)

*RW
5-6-97*