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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000079002 (7)

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2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

CHIMAERA, INC.

2. Principal Place of Business

Suite, Apt. #, etc

City & State

21

22

23

24

Zip

Principal Place of Business	Mailing Address		
1720 JONES ROAD	1720 JONES ROAD		
MELBOURNE FL 32934	MELBOURNE FL 32834		

Country

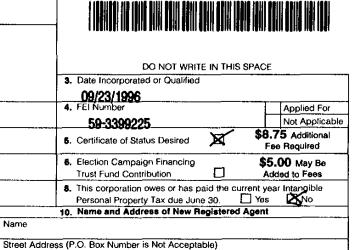
9, Name and Address of Current Registered Agent

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JONES, ERIC R 1720 JONES ROAD

MELBOURNE FL 32934

FILED May 11 1998 8:00am Secretary of State



Zip Code

1. 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.

Country

B2

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SIGNATURE	Signature, typed or printed name of registered agent and title it applicable (NOTE F	Registered Agent signature	e required when reinstaling) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE	DPS DELETE	1.1 TITLE	Change Addition
NAME	JONES, ERIC R	1.2 NAME	
STREET ADDRESS	1720 JONES ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	DELETE	21 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		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	İ
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST- ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
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	
STREET ADDRESS		6.3 STREET ADDRESS	İ
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. Thereby certify that the information supplied with this fling 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 arrival 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 arrachment with an address.

CICMATUDE.

April 1 4 1993

407-774-411