


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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000028858 (3) 1. Corporation Name CHIC SERVICES, INC.		



Principal Place of Business 11428 BANNER CT. #3107 ORLANDO FL 32821	Mailing Address 11428 BANNER CT. #3107 ORLANDO FL 32821
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12696 GETTYSBURG CIR Suite, Apt. #, etc. 22		2a. Mailing Address 26 12696 GETTYSBURG CIR Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 03/27/1997	
23 City & State Orlando Florida 24 Zip 32837 25 Country U.S.A.		28 City & State Orlando Florida 29 Zip 32837 30 Country U.S.A.		4. FEI Number 59-3445708 Applied For Not Applicable	
9. Name and Address of Current Registered Agent GONZALEZ, ARNALDO 11428 BANNER CT. #3107 ORLANDO FL 32821		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12696 GETTYSBURG CIR 83 84 City Orlando FL 85 Zip Code 32837	
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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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, MARIA S	1.2 NAME	
STREET ADDRESS	3907 GOLDEN BEAR CT. APT. 735	1.3 STREET ADDRESS	12696 GETTYSBURG CIR
CITY-ST-ZIP	ORLANDO FL 32839	1.4 CITY-ST-ZIP	ORLANDO FL 32837
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ARNALDO	2.2 NAME	
STREET ADDRESS	11428 BANNER CT. #3107	2.3 STREET ADDRESS	12618 LYNCHBURG CT
CITY-ST-ZIP	ORLANDO FL 32821	2.4 CITY-ST-ZIP	ORLANDO FL 32837
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 my address.

SIGNATURE _____ DATE _____

CR2E034 (10/97)