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 # P97000039399 (5)

A.F.A.B. CHAPIN, INC.

Principal Place of Business

604 LAKE DOT CIRCLE #3

Mailing Address

604 LAKE DOT CIRCLE #3

FILED

98 OCT 20 AM II: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified 05/02/1997 2. Principal Place of Business 2a. Mailing Address 25 26 27 28 Suite, Apt. #, etc. 27 29 20 20 20 21 20 21 20 21 20 21 20 21 20 21 21 22 22 27 27 28 28 28 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	ORLANDO FL 32801		ORLANDO FL 32801		DO NOT WENT IN THE CRACE	
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ORLANDO FL 32801 83 64 City	GILLIS, DORTHA C					
11. Fursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statules, the above-hamed corporation submits this statement of the provisions of Sections 607.0502 and 607.1503, Florida Statules, the above-hamed corporation's board of directors. I hereby accept the approximent as 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 approximent as registered spent, I am familiar with, and accept the colligations of, Section 607.0505, Florida Statules. SIGNATURE 12.	604 LAKE DOT CIRCLE #3 82 Street Address (P.O. Box Number is Not Acceptable)					
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SIGNATURE Signature, typed or privided name of regularized agont and site if applicable. (INOTE. Registered Aport signature required when reinstating)	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing he 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					
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		nat the information supplied w	ith this filled does not qualify for		d 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 of 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, oxidi an attachment with an address.

SIGNATURE

on an attachment with an address.

O'ELLUBIC EQUIPELLE

9/15/98 (407)317-9050

September 15, 1998

Division of Corporations Annual Reports Filings PO Box 1500 Tallahassee, FL 32302-1500

> RE: Doc. #P970039399 (5) A.F.A.B. Chapin, Inc.

I have had to spend most of my time in Missouri this past year. I have lost one son to AIDS, have another son with AIDS, and have been taking care of my 94-year-old father. These circumstances have caused considerable problems in the handling of my business affairs.

The first notice had been mixed with my junk mail and kept by a neighbor, I just recently discovered it upon returning to Florida, if anyway possible please accept this check for fees owed.

Thank you for your consideration,

Sincerely,

DORTHA C. GILLIS, President

A. F. A. B. CHAPIN, Inc. 604 Lake Dot Circle, #3

Orlando, FL 32801