

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

**FILED**  
**Mar 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P97000091850 (2)**  
 1. Corporation Name  
**NORMAN E. CHAMBERLAIN, P.A.**



Principal Place of Business <b>2727 NORTH ATLANTIC AVE., NO. 120 DAYTONA BEACH FL</b>	Mailing Address <b>2800 NORTH ATLANTIC AVE., APT. 1102 DAYTONA BEACH FL 32018</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/20/1997</b>	
21		26		4. FEI Number <b>59-3476613</b>	Applied For Not Applicable
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	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	

g. Name and Address of Current Registered Agent <b>CHAMBERLAIN, NORMAN E 2727 NORTH ATLANTIC AVE., NO. 120 DAYTONA BEACH FL</b>				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: *Norman E Chamberlain* DATE: **1-30-98**

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 type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	<b>NORMAN E CHAMBERLAIN</b>	1.2 NAME		
STREET ADDRESS	<input type="checkbox"/> DELETE	<b>2727 N. ATLANTIC AVE #120</b>	1.3 STREET ADDRESS		
CITY-ST-ZIP	<input type="checkbox"/> DELETE	<b>DAYTONA BEACH FL 32118</b>	1.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	<b>Secretary</b>	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	<b>LISA CHAMBERLAIN</b>	2.2 NAME		
STREET ADDRESS	<input type="checkbox"/> DELETE	<b>2722 N. ATLANTIC AVE #120</b>	2.3 STREET ADDRESS		
CITY-ST-ZIP	<input type="checkbox"/> DELETE	<b>DAYTONA BEACH FL 32118</b>	2.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE		3.2 NAME		
STREET ADDRESS	<input type="checkbox"/> DELETE		3.3 STREET ADDRESS		
CITY-ST-ZIP	<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE		4.2 NAME		
STREET ADDRESS	<input type="checkbox"/> DELETE		4.3 STREET ADDRESS		
CITY-ST-ZIP	<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE		5.2 NAME		
STREET ADDRESS	<input type="checkbox"/> DELETE		5.3 STREET ADDRESS		
CITY-ST-ZIP	<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE		6.2 NAME		
STREET ADDRESS	<input type="checkbox"/> DELETE		6.3 STREET ADDRESS		
CITY-ST-ZIP	<input type="checkbox"/> DELETE		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 an address.

SIGNATURE: *Norman E Chamberlain* DATE: **1-30-98** **004-677-8466**

CR2E034 (10/97)