

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

FILED  
Mar 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S26670** (7)

1. Corporation Name  
**CHANDS, INC.**



Principal Place of Business <b>2829 E COMMERCIAL BLVD PENTHOUSE A FT LAUDERDALE FL 33308</b>	Mailing Address <b>2829 E COMMERCIAL BLVD PENTHOUSE A FT LAUDERDALE FL 33308-4239</b>
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3. Date Incorporated or Qualified <b>01/23/1991</b>	3a. Date of Last Report <b>07/25/1996</b>
4. FEI Number <b>65-0284409</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**MASON, TOM  
2829 E COMMERCIAL BLVD, PENTHOUSE A  
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY, ST, ZIP	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY, ST, ZIP	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY, ST, ZIP	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY, ST, ZIP	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY, ST, ZIP	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY, ST, ZIP	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP

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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0264821

CR2E034 (9/96)