

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 10: 09

DOCUMENT # S88096 (0)

1. Corporation Name
CHABOT & ASSOCIATES, INC.

Principal Place of Business Mailing Address
6619 SOUTH DOXE HWY. MIAMI FL 33143 **6619 SOUTH DOXE HWY. MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/18/1991** 3a. Date of Last Report **02/17/1994**

2. Principal Place of Business 2a. Mailing Address
21 10900 S.W. 72 STREET **26 10900 SW 72 STREET**

22. ~~#34~~ Suite, Apt. #, etc. 27. ~~#34~~ Suite, Apt. #, etc.

23. **MIAMI, FL** City & State 28. **MIAMI FL** City & State

24. **33173** Zip 25. **USA** Country 29. **33173** Zip 30. **USA** Country

4. FEI Number **65-0299820** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CARLSON, CURTIS
200 S. BISCAYNE BLVD.
SUITE 4845
MIAMI FL 33131

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	CHABOT, BERNARD A
STREET ADDRESS	10900 SW 72ND ST
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP
2 1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2 2 NAME VICE PRESIDENT
2 3 STREET ADDRESS THERESA R. SAGER
2 4 CITY-ST-ZIP 10900 SW 72 STREET
3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP
4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP
5 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP
6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP

14. I do hereby certify that the information furnished with this block is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 (if checked) on an attachment with an address.

SIGNATURE: _____ **8/22/95** **305-529-3100**
DATE: _____ (Type in Year)