

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S88096** (0)

1. Corporation Name  
**CHABOT & ASSOCIATES, INC.**



Principal Place of Business

10900 SW 72 STREET  
SUITE 34  
MIAMI FL 33173  
US

Mailing Address

10900 SW 72 STREET  
SUITE 34  
MIAMI FL 33173  
US

2. Principal Place of Business

21 State, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Created  
**10/18/1991**

3a. Date of Last Report  
**04/06/1995**

4. FL 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 is liable for intangible tax under s. 193.032  
Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 609.009 and 609.1518, 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. The hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 609.1518, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	PSD	<input type="checkbox"/> DELETE
2. NAME	CHABOT, BERNARD A	
3. STREET ADDRESS	10900 SW 72ND ST	
4. CITY, STATE, ZIP	MIAMI FL	
5. TITLE	VP	<input type="checkbox"/> DELETE
6. NAME	SAGER, THERESA R	
7. STREET ADDRESS	10900 SW 72 STREET	
8. CITY, STATE, ZIP	MIAMI FL	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SAGER, THERESA R

14. I do hereby certify that the information applies to this filing as voluntarily furnished and disclosed equity for the exemption provided in Section 119.02(4)(c) Florida Statutes. I further certify that the information includes 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, the names of such officers and directors are prepared as required by Chapter 609, Florida Statutes, and that my name appears in Book 12 or Book 13 of this filing as required by Florida Statutes.

SIGNATURE: *B. Chabot*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 16 1996 305-695-9334

CR2E034 (12/95)