

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S93494** (0)
1. Corporation Name
CHROMEWORKS INC.



Principal Place of Business: **2750 NORTH 29 AVE. SUITE 314 HOLLYWOOD FL 33020**
Mailing Address: **2750 NORTH 29 AVE. SUITE 314 HOLLYWOOD FL 33020**

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28, 29, 30
24, 25, 29, 30

3. Date Incorporated or Qualified: **10/28/1991**
3a. Date of Last Report: **04/25/1995**
4. FCI Number: **65-0301348**
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. 190.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GROSSMAN, ALEX
2750 NORTH 29 AVE.
SUITE 314
HOLLYWOOD FL 33020**

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: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSMAN, ALEX	
STREET ADDRESS	4710 SW 57 AVE.	
CITY-STATE-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSMAN, MIRIAM	
STREET ADDRESS	4710 SW 57 AVE.	
CITY-STATE-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 TITLE	
26 NAME	
27 STREET ADDRESS	
28 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 TITLE	
30 NAME	
31 STREET ADDRESS	
32 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 TITLE	
34 NAME	
35 STREET ADDRESS	
36 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
37 TITLE	
38 NAME	
39 STREET ADDRESS	
40 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
45 TITLE	
46 NAME	
47 STREET ADDRESS	
48 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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 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 attached form with an address.

SIGNATURE: *Miriam Grossman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 954-980-9600

CR2E034 (12/95)