
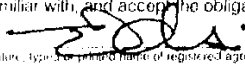



FILED

Apr 07 1997 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V27894 (7) 1. Corporation Name CHAMPION SQUARE, INC.			
Principal Place of Business 11749 ROYAL PALM BLVD CORAL SPRINGS FL 33065		Mailing Address 3300 UNIVERSITY DR SUITE 408 CORAL SPRINGS FL 33065-4130 US	
2. Principal Place of Business 21 2255 Glades Road Suite, Apt. #, etc. 22 Suite 201 E City & State 23 Boca Raton, FL Zip Country 24 33431 25		2a. Mailing Address 26 2255 Glades Road Suite, Apt. #, etc. 27 Suite 301 E City & State 28 Boca Raton, FL Zip Country 29 33431 30	
3. Date Incorporated or Qualified 04/10/1992		3a. Date of Last Report 02/19/1996	
4. FEI Number 65-0324471		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent KODSI, ISAAC P 2875 S UNIVERSITY DR DAVE FL 33328		10. Name and Address of New Registered Agent 81 Name Kodsi & Eisenstein 82 Street Address (P.O. Box Number is Not Acceptable) 701 West Cypress Creek Rd. 83 Suite 302 84 FL 85 Zip Code 33309	
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  DATE 2/12/97			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE TITLE D NAME KODSI, DANIEL STREET ADDRESS 3300 UNIVERSITY DR STE 408 CITY-ST-ZIP CORAL SPRINGS FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2255 Glades Road, Suite 301 E 1.4 CITY-ST-ZIP Boca Raton, FL 33431	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
4. 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 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 in an attachment with an address.			
SIGNATURE: 		Date 2/12/97 Daytime Phone #	

CR2E034 (9/96)