

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V42720 (5)**

1. Corporation Name  
**CHAPLIN ANDREWS & ASSOCIATES INC.**



Principal Place of Business  
**5200 NORTH OCEAN BLVD.  
SUITE 210  
FORT LAUDERDALE FL 33308**

Mailing Address  
**5200 NORTH OCEAN BLVD.  
SUITE 210  
FORT LAUDERDALE FL 33308**

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

3. Date of Incorporation or Qualified	3a. Date of Last Report
<b>06/09/1992</b>	<b>03/31/1995</b>
4. FEI Number	Applied For
<b>65-0380023</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statute	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**ANDREWS, BRUCE C.  
5200 NORTH OCEAN BLVD.  
SUITE 210  
FORT LAUDERDALE FL 33308**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.02(1) and 607.1504, Florida Statutes, the state named corporation assents to the demand 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. Thereby, consent the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.02(1), Florida Statutes.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-STATE-ZIP		14 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16 STREET ADDRESS	
STREET ADDRESS		17 CITY-STATE-ZIP	
CITY-STATE-ZIP		18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	19 STREET ADDRESS	
NAME		20 CITY-STATE-ZIP	
STREET ADDRESS		21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		22 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	23 CITY-STATE-ZIP	
NAME		24 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		25 STREET ADDRESS	
CITY-STATE-ZIP		26 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	27 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 STREET ADDRESS	
STREET ADDRESS		29 CITY-STATE-ZIP	
CITY-STATE-ZIP		30 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	31 STREET ADDRESS	
NAME		32 CITY-STATE-ZIP	
STREET ADDRESS		33 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		34 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	35 CITY-STATE-ZIP	
NAME		36 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		37 STREET ADDRESS	
CITY-STATE-ZIP		38 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption provided in Section 199.03(2), Florida Statutes. I further certify that the information included on this form is in respect of supplemental annual reports to be filed and to create an E-File filing system shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the person to be designated as officer or director. This report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached page with an address.

SIGNATURE: *Bruce C. Andrews* 4/15/96 305-942-5045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)