

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:18

DOCUMENT # **V46350** (7)

1. Corporation Name
CH POSDEF, INC.

Principal Place of Business Mailing Address
1400 CENTREPARK BLVD. SUITE 600 WEST PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/25/1992** 3a. Date of Last Report **03/08/1994**
4. FEI Number **65-0355811** 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 **See Attached**

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

9. Name and Address of Current Registered Agent
**LEON, J E
9250 WEST FLAGLER ST.
MIAMI FL 33174**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
DP **GELBER, LESLIE J**
1400 CENTREPARK BLVD., #600
WEST PALM BEACH FL
V **HOFFMAN, KENNETH P**
1400 CENTREPARK BLVD., #600
WEST PALM BEACH FL
DT **BARNA, KENNETH G.**
1400 CENTREPARK BLVD., #600
WEST PALM BEACH FL
S **CARPENTER, FRANCES M.**
1400 CENTREPARK BLVD., #600
WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **V** Change Addition
1.2 NAME **BONILLA, LORI J.**
1.3 STREET ADDRESS **1400 CENTREPARK BLVD., STE. 600**
1.4 CITY-ST-ZIP **WEST PALM BEACH FL**
2.1 TITLE **V** Change Addition
2.2 NAME **FRIES, WILLIAM A.**
2.3 STREET ADDRESS **1400 CENTREPARK BLVD, STE 600**
2.4 CITY-ST-ZIP **WEST PALM BEACH FL**
3.1 TITLE **DT** Change Addition
3.2 NAME **MCGRATH, ROBERT L.**
3.3 STREET ADDRESS **1400 CENTREPARK BLVD, STE 600**
3.4 CITY-ST-ZIP **WEST PALM BEACH FL**
4.1 TITLE **DV** Change Addition
4.2 NAME **HOFFMAN, KENNETH P.**
4.3 STREET ADDRESS **1400 CENTREPARK BLVD, STE 600**
4.4 CITY-ST-ZIP **WEST PALM BEACH FL**

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)(k), Florida Statutes. I further certify that the information indicated on the 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frances M. Carpenter* **FRANCES M. CARPENTER** 3/23/95 407-687-4900
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR SECRETARY