1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 711372

CHANCELLOR HALL ASSOCIATION, INC.

Princ	ipal	Place	of	Busi	ness

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1850 N.E. 169TH STREET N. MIAMI BCH. FL 33162

1850 N.E. 169TH STREET N. MIAMI BCH. FL 33162

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90072 014 ****61.25

3. Date incorporated or Qualifed

08/18/1966

21	•	26	•		08/18/1966					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	App	olied For			
22	27				59-1232085	Not	Applicable			
City & Stat	State City & State			5. Certifcate of Status Desired		\$8.75 Additional				
23	28					Fee Required				
Zip	Country Zip			try 6. Election Campaign Financing \$5.00						
24	25		0	Trust Fund Contribution Added to Fe						
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered	Agent				
			81	Name						
WEHNERT, HENRY W				82 Street Address (P.O. Box Number is Not Acceptable)						
1850 NE 169TH STREET			<u> </u>							
NORTH MIAMI BEACH FL 33162			83	ļ		•	ļ			
				City	· FI	85 Zip C	ode			
				L	FL					
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes f Florida, Such change was aut	, the above	e-named of the coroo	corporation submits this statement for the purpose of tration's board of directors. I hereby accept the appoi	changing its ntment as reg	registerea jistered			
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, Florid	la Statutes		•					
SIGNATURE										
	Signature, typed or printed name of registered agent		nt signature re	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12				
12.	OFFICERS AND	DELETE	13.		ADDITIONO/OFFICE TO CIT TOLETO, II	☐ Change	Addition			
TITLE	DP	C. Dereir			-		.,,			
NAME	WEHNERT, H.		1.2 NAME				ļ			
STREET ADDRESS	1850 NE 169TH ST			TADORESS	· .					
CITY-ST-ZIP	N MIAMI BEACH, FL 0	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP		Change	Addition			
TITLE .	DT SOLONO DESCRIPTO		.	İ	·					
NAME	SOLOMON, BEVERLY		2.2 NAME		•					
STREET ADDRESS	1850 NE 169ST		2.3 STREE	1						
CITY-ST-ZIP	N MIAMI BEACH FL	- Doctor	2. 4 CITY-	ST-ZIP		☐ Change	Addition			
TITLE	VPD	☐ DELETE	3.1 TITLE		• *	cuange				
NAME	KLUCZ, JERRY		3.2 NAME		•					
STREET ADDRESS	1850 NE 169 ST		3.3 STREE	i						
CITY-ST-ZIP	N MIAMI BEACH FL	□ pc: crc	3.4. CITY-5	ST-ZIP		Change	Addition			
TITLE	SD	☐ DELETE	4.1 TITLE			□ Change	L Addition			
NAME	FRANCIS, HELEN		4. 2 NAME	•						
STREET ADDRESS	1850 NE 169TH ST		4.3 STREE	TADDRESS	•		1			
CITY-ST-ZIP	N MIAMI BEACH, FL 0 33162		4.4 CITY-S	T-ZIP		Chongo	Addition			
TITLE	VPD	☐ DELETE	5.1 TITLE	ľ	•	Change	☐ AOOMOII			
NAME	SHERES, JUNE		5.2 NAME				j			
STREET ADDRESS	1850 NE 169 ST			TADDRESS						
CITY-ST-ZIP	N MIAMI BEACH FL		5.4 CITY-S	T-ZIP	<u> </u>		The state of			
<i>m</i> rE		☐ DELETE	6.1 TITLE	1	\$. · · · · · ·	Change	Addition			
NAME			6.2 NAME	f	·		-			
STREET ADDRESS	-		6.3 STREE	TADDRESS			4			
CITY-ST-ZIP			6.4 CITY- S	T-ZIP	·					

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address, with all other like empowered.