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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746050

1. Corporation Name
CHATEAU TOWER, INC.

Principal Place of Business
2753 S.R. 580,STE.207
CLEARWATER FL 33761
US

Mailing Address
2753 S.R. 580,STE.207
CLEARWATER FL 33761
US



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30

3. Date incorporated or Qualified
02/23/1979

4. FEI Number
59-2028061
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

9. Name and Address of Current Registered Agent
REARDON, MAUREEN
2753 S.R. 580, SUITE 207
CLEARWATER FL 33761

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HEINICK, JOHN 7050 SUNSET DRIVE S, #1105 S PASADENA FL 33707 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | P/D LOHR, JOEL 1106 SUNSET DRIVE #1108 S. PASADENA FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DONOVAN, HAZEL 7050 SUNSET DR S, #203 SOUTH PASADENA FL 33707 <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | S/D RAMOSKA, MARTHA 7050 SUNSET DRIVE #604 S. PASADENA FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARTHEL, HENRY 7050 SUNSET DR S, #412 S. PASADENA FL 33707 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TAMMANY, EDWARD 7050 SUNSET DRIVE S. #416 S. PASADENA FL <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | D SHOWERS, GEORGE 7050 SUNSET DRIVE SOUTH #1503 S. PASADENA FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRAHAM, ALEX 330 MILL ST S, #609 BRAMPTON ONTARIO CA L6Y 3 <input checked="" type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | D BUCHANAN, VIVAN 7050 SUNSET DRIVE SOUTH #1601 S. PASADENA FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MARKMAN, SOL 7050 SUNSET DRIVE SOUTH, # 501 SOUTH PASADENA FL <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | D ARNOW, RONALD 7050 SUNSET DRIVE SOUTH #906 S. PASADENA FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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.

SIGNATURE: *[Signature]* REQUIRED
Date: 2/8/99 Daytime Phone #: 345-0713

CR2E037 (1/198)