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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004136 (8)

CHATHAM COMMUNICATIONS, INC.

**FILED** Jan 30 1998 8:00am Secretary of State



rnncipai riac	e of Business	Malling Address							
2901 BAYSHORE DRIVE. SUITE 4-B COCONUT GROVE FL 33133 COCONUT GROVE FL 33133									
COCONU: Of	TORE LE 33133	COCONUT GROVE FL 33133			DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or	Qualified			
					09/10/1993			^	
2. Principal P	lace of Business	2a. Mailing Address		1 01	4. FEI Number		I MA	pplied For	
21 40	1 LINCOLN Kd	26 407	LINCO	KU KO	13-3018732		-	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc				esired $\square$	\$8.75	Additional	
22	0- E	27 10-E			5. Certificate of Status D	iesireo 🗀	Fee R	equired	
City & State	° . •	City & State	$\overline{}$		6. Election Campaign Fi	nancino	\$5.00	May Be	
23 MW	MI HEALH FL	28 MIWMI	BeAl	H. FL	Trust Fund Contribution			to Fees	
ZiR	Country	Z(D)	Cou	untry	8. This corporation owes	or has paid the curr	ent vear In	itangible	
<b>図 33に</b>	$\mathcal{S}$ $\mathcal{S}$ $\mathcal{S}$ .	33 13°	30	N. 2.	Personal Property Tax			□ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address	of New Registered A	\gent		
I AI	NDY, RICHARD			81 Name		,			
AGG A DEVOLOPE DONE					CO. Charat Addison (D.O. Dan Marsharia Ned Assessable)				
COCONUT GROVE FL 33133					82 Street Address (P.O. Box Number is Not Acceptable)				
00	CONOT GROVE LE SOISS			83		· · · ·			
				84 City		EI	<b>65</b> Zip	Code	
44 Durament t	La Davidian of Sections 607 0602	and 607 1609 Florida 6	tatutas the s	boyo pamod an	reportion submits this statemen	TL	abanaina i	ila canialared	
office or r	or the ployisions of Sections 607,0502 egistered agent, or both, in/the State or m amilial with, and accept the obligat	f Florida Buch change v	vas authorize	d by the corpor	ation's board of directors. I her	eby accept the appo	changing i pintment as	registered	
agen . La	m amiliar with, and accept the obligat	ions of, Section 607.050	5, Florida Sta	tutes.		,		_	
SIGNATURE	MAY CITY CON					. , , , ,			
46	Signature, typed or printed name of registered agent OFFICERS AND			d Agent signature req	(uired when rainstating)	DATE TO OFFICE OR AND	DIDECTO	DO 151 40	
12.	CP OFFICERS AND	DELETE	13.	r. r	ADDITIONS/CHANGES	TO OFFICERS AND	Change	Addition	
	<del>-</del> ·	C Drtrir		1			Unange	XXXIII	
NAME	LANDY, RICHARD		1.2 N						
STREET ADDRESS	2901 S. BAYSHORE DRIVE		1	TREET AODRESS					
CITY-ST-ZIP	COCONUT GROVE FL 33133	PELETE		ITY-ST-ZIP				1 4 4 4 5 5 5	
TITLE		☐ DELET <b>e</b>					☐ Change	Addition	
NAME			2.2 N	AME					
STREET ADDRESS			2.3 S	TREET ADDRESS					
CITY-ST-ZIP				HTY-ST-ZIP				- F	
TITLE		☐ DELETE	3.1 Te	TLE	•		☐ Change	Addition	
NAME			3.2 N	AME					
STREET ADDRESS	•		3.3 S	TREET ADDRESS					
CITY-ST-ZIP			3.4. 0	ITY-ST-ZIP					
TITLE		☐ DELETE					Change	Addition	
NAME			4.2 N	IAME					
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CITY-ST-ZIP TITLE		☐ DELETE		TY-ST-ZIP			Change	Addition	
		D.C.C.16				l	Change (	L. AUGRIDO	
NAME			6.2 N/						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP					

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 n3 if changed or on an attachment with an address.