

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:11

DOCUMENT # **J66091** (6)

1. Corporation Name
CHAI PROPERTIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of business: **3900 N. 45TH AVENUE HOLLYWOOD FL 33021**
Mailing Address: **3900 N. 45TH AVENUE HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

2. Principal Place of business:		2a. Mailing Address:		3. Date Incorporated or Qualified:	3a. Date of Last Report:
21		26		04/08/1987	07/14/1994
22		27		4. FEI Number:	Applied For
23		28		59-2802253	Not Applicable
24		29		5. Certificate of Status Desired:	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution:	\$5.00 May Be Added to Fees
26		31		6. This corporation has authority for signature for under Florida Statutes:	Yes No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SELIGMAN, LEE A. 3900 N. 45 AVE. HOLLYWOOD FL 33021				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 607.0502 and 607.1506, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT SELIGMAN, LEE 3900 N 45TH AVE. HOLLYWOOD FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FARBER, NATHAN G. 144-39 70 AVE. FLUSHING NY	1.2 NAME	
STREET ADDRESS	D PODEMSKI, SAMUEL 144-39 70 AVE. FLUSHING NY	1.3 STREET ADDRESS	
CITY, ST, ZIP	PSD SELIGMAN, SHARON A. 3900 N. 45TH AVENUE HOLLYWOOD FL	1.4 CITY, ST, ZIP	
		1.5 CITY, ST, ZIP	
		1.6 CITY, ST, ZIP	
		1.7 CITY, ST, ZIP	
		1.8 CITY, ST, ZIP	
		1.9 CITY, ST, ZIP	
		1.10 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.021(9)(a), Florida Statutes. Further, I 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 voluntarily. 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 of Block 1, if a change of an attachment with an address.

SIGNATURE: *Sharon A. Seligman* SHARON A. SELIGMAN 4/25/95 305/962-6168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR