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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **J66346**

1. Corporation Name

CHART INTERNATIONAL, INC.

Principal Place of Business		Mailing Address				·				
17250 SW 85 AVE MIAMI FL 33157-4620		17250 SW 85 AVE								
		MIAMI FL 33157-4620		ſ	DO NOT WRITE IN THIS SPACE					
							E IN THIS	SFACE		
						3. Date Incorporated or Qualifed 04/02/1987				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FÉI Number			Applied For	
21		26				59-2795664			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional	
22 27		27				5. Certificate of Glades beening		Fee I	Required	
City & State City & State		City & State	•			6. Election Campaign Financing			<b>\$5.00</b> May Be	
23 28						Trust Fund Contribution Added			ed to Fees	
Zip	Country	Zìp	_ Countr	try 8. This corporation o		8. This corporation owes the curre	ent year Inta			
24	25 29 30					, 0.00.00			□No	
		. 1		10. Name and Address of New R	egistered A	Agent				
150	TV BUDTON D		8	l Nan	ne					
LEVEY, BURTON R. 2121 PONCE DE LEON BLVD SUITE 710				82 Street Address (P.O. Box Number is Not Acceptable)						
CORAL GABLES FL 33134			8:	3					i	
			84	4 City	·		FL	85 Zi	p Code	
44 5	to the provisions of Sections 607.050	2 and 607 1509 Elected Statutos	the abou	io nam	ad corpore	ation cubmits this statement for the		changing	its registered	
office or r	egistered agent, or both, in the State.	of Florida. Such change was auth	norized b	v the co	prporation:	s board of directors. I hereby accep	of the appoin	ntment as	registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statute	8.						
SIGNATURE	Signature, typed or printed name of registered ager	NOTE D	naietared Ao	nt cionati	ne required ud	hen reinstating)	DATE			
12.		ID DIRECTORS	13.	ont signate	in required th	ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE					☐ Chang		
NAME	SANG, SIDNEY PHANG		1.2 NAME							
STREET ADDRESS	17250 SW 85 AVE			ET ADDRE	:88					
CITY-ST-ZIP	MIAMI FL		1.4 CITY-		.50				!	
TITLE			2.1 TITLE					Chang	e	
NAME			2.2 NAME					-	i	
STREET ADDRESS	ATOES ON SE AVE		lt .	ET ADDRE	:ss				1	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP						ŀ	
TITLE	ST ·	☐ DELETE	3.1 TITLE		<del> </del>			Change	e Addition	
NAME	SANG, PATRICIA PHANG	_	3.2 NAME							
STREET ADDRESS	ANEXA CINI ON COLUMN			FT ADDRE	ss				l	
CITY-ST-ZIP	Lineau Pi		3.4. CITY-							
TITLE	D	☐ DELETE	4.1 TITLE		-		~ —	☐ Chang	ge	
NAME	CANC LOUIC BUANC		4. 2 NAME		}					
STREET ADDRESS	13591-SW-68 COURT 19	18 M SW 150 SP	1	- ET ADDRE	ارز اوو:	4811 JW 1505+	Red			
CITY-ST-ZIP	MIAMI FL:	PBN SW 150 SP 114 BLA 33196	4.3 STRE		~   '   '	4811 JUN 1505+ VILAMI : FLA 331	196			
TITLE	DC	□ DELETE	5.1 TITLE		<del></del>	V 1711 181 1 2 2 17 2 4 7	<del></del>	Chang	e	
NAME	SANG, ENID PHANG	<u> </u>	5.2 NAME					_ •	<del></del>	
STREET ADDRESS			5.3 STRE		ss					
1 STREET ADDRESS	11 EDU DIN DO MILITUL				1					

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 607, 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.

6.2 NAME 6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME MIAM! FL

☐ Addition

Change

CR2E034 (11/98)

**FILED** 

May 17, 1999 8:00 am Secretary of State

05-17-1999 90022 030 \*\*\*150.00