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Secretary of State

03-05-1999 90043 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # L15587

1. Corporation Name
CHAPA ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 C/O JOAQUIN CHAPAPRIETA
 980 LYTHAM COURT
 WEST PALM BEACH FL 33411

Mailing Address
 C/O JOAQUIN CHAPAPRIETA
 980 LYTHAM COURT
 WEST PALM BEACH FL 33411

3. Date Incorporated or Qualified
09/11/1989

4. FEI Number
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!**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

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

9. Name and Address of Current Registered Agent
CHAPAPRIETA, JOAQUIN
980 LYTHAM CT
W PALM BCH FL 33411

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPAPRIETA, JOAQUIN	1.2 NAME	
STREET ADDRESS	980 LYTHAM COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> DELETE	2.1 TITLE	DTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPAPRIETA, THOMAS P.	2.2 NAME	CHAPAPRIETA THOMAS P
STREET ADDRESS	RT 2 BOX 23C	2.3 STREET ADDRESS	19121 NW CR 239
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	ALACHUA FL 32615
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPAPRIETA, ANA M.	3.2 NAME	
STREET ADDRESS	980 LYTHAM COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPARIETA, JOSE J.	4.2 NAME	
STREET ADDRESS	980 LYTHAM COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	REGINA CHAPAPRIETA
STREET ADDRESS		5.3 STREET ADDRESS	980 LYTHAM CT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WPB FL 33411
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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.

SIGNATURE: *John P. Cloutier* 2-17-99 (904) 462-7822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)