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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 03 1997 8:00am

Secretary of State

. J. Ladvítík. Add i dávið þeiðir í íhrið aðar áðar úlíðir í íhrið í áldir áldir áldir í íhrið þeiðir í íhrið

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

L89540

(3)

CHASE & COMPANY

| Principal Place of | Business | Mailing Address | Mailing Address | | | I ANDRIANI SEN ERIKA NEKAT DIRIK OLOKI BERK BIRKI EKRIL ELDIK BIRKI BIRK BIRKI BIRK BIRK BIRK BIRK | | | |
|---------------------------|---|--|------------------------|------------------|------------------|--|--------------|-------------------------|---------------|
| 2850 CLOVERBROOK PLACE | | ž. | 2850 CLOVERBROOK PLACE | | | | | | |
| LAKE MARY FL 32 | 746 | LAKE MARY FL 32746-2 | 2345 | | | | | | |
| US | | US | | | | 3. Date Incorporated or Qualified 07/27/1990 | | te of Last R 06/1996 | eport |
| 2. Principal Place | of Business | 2a. Mailing Address | | | | 4. FEI Number | | | oplied For |
| 21 | | 26 | | | | 59-3018780 | | | ot Applicable |
| Suite, Apt. #, 6 | te | Suite, Apt #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | |
| City & State | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | |
| 23 Zus | Country | 28 Zip | | unter | | Trust Fund Contribution | | Added (| |
| Zip 24 | 25 | 29 | Country 30 | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | |
| \$ |), Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Reg | Jistered A | gent | |
| | DAVID J. | | | 81 | Name | | | | |
| | INK CENTER | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptab | le) | | |
| | ORANGE AVE., STE. 3000 | | | 83 | | 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | |
| ORLAN | DO FL 32801 | | | 63 | | | | | |
| | | | | 84 | City | | FL | 85 Zip (| Code |
| 11 Parement to the | so province of Spetions 607 050 | 12 and 607 1609 Florida Stal | tutee the | above | named co | progration submits this statement for the n | UTDOSA O | chenging if | te registered |
| office or regis | stered agent, or both, in the State | of Florida. Such change wa | s authoriz | ed by | the corpor | orporation submits this statement for the pation's board of directors. I hereby accept | it the appo | ointment as | registered |
| | amiliar with, and accept the oblig | silions of Section 607.0505 | FIORIDA SU | atutes | | | | | |
| SIGNATURE 5.05 | afore hyprip or contest name of registered ag | ent and little if applicable (N | OTE: Register | red Agen | It signature reg | uired when reinstating) | DATE | | |
| 12. | | ID DIRECTORS | 13 | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTOR | IS IN 12 |
| | P | ☐ DELETE | 1.1 | TITLE | Τ" | | | Change | Addition |
| NAME C | HASE, SYDNEY O., III | | 1.2 | NAME | | | | | |
| STREET ADDRESS | 16 Brightview Dr. | | 1.3 | STREET A | ADDRESS | | | | |
| CHY-ST-74P | AKE MARY FL | | 1.4 | CITY-ST | -ZIP | | | | |
| _ |)VP | ☐ DELETE | 21 | TITLE | | | , | Change | Addition |
| | Chase, Roland S. | | 2.2 | NAME | 1 | | | | |
| t e | 16 BRIGHTVIEW DR. | | 2.3 | STAEET A | address | | | | |
| | AKE MARY FL | | | CITY-S | T-ZIP | | | | 7 1 A 1 100 |
| { - |)VP | ☐ DELETE | | TITLE | | | | Change | Addition |
| | CHASE, TORSTEN F | | | NAME | ļ | | | | |
| - | 16 BRIGHTVIEW DR. | | | | ADDRESS | | | | |
| | AKE MARY FL | DELETE | | CITY - ST | 1- ZIP | | | Change | Addition |
| TITLE | | | | TITLE | | | | A A ISSUED | () Advisors |
| NAME Capper Approaches | | 4 | | NAME | INDRESC | | | • | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CHY-ST ZIP TOTALE | | DELETE | | CITY-ST TITLE | - LIP | | | Change | Addition |
| NAVE | | the state of the s | | NAME | | | | | |
| STREET ADDRESS | | | | | ADDRESS . | | | | |
| CITY ST-ZIP | | | | CITY-ST | 1 | | | | |
| Title | | DELETE | | TITLE | | | | Change | Addition |
| NAME | | | 6.2 | NAME | Ì | | | | |
| STREET ADDRESS | | | 6.3 | STREET | ADDRESS | | | | |
| CHTY - S.T - ZVP | | | | CITY - ST | | | | | |
| 14. I do hereby c | entry that the information supplied | ed with this filing does not qu | alify for th | e exer | nption stat | ed in Section 119.07(3)(i), Florida Statute lat my signature shall have the same lega | s. I further | certify that | the |
| Lam an office | er or director of the corporation of | r the receiver or trustee emp | owered to | BX6CII | ite this rep | oort as required by Chapter 607, Florida S | tatutes: ar | nd that my r | name |
| appears in B | ock 12 or Block 13 if changed, o | or on an attachment with an a | redress | - | | , | | 407 | |