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STATE OF FLORIDA
DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **L89540**

1. Corporation Name
CHASE & COMPANY

Principal Place of Business
**2850 CLOVERBROOK PLACE
LAKE MARY FL 32746
US**

Mailing Address
**2850 CLOVERBROOK PLACE
LAKE MARY FL 32746
US**

6/30/99 90009 037 \$150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/27/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3018780	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
25		30		8.75 Additional Fee Required	
26		31		6. Election Campaign Financing <input type="checkbox"/>	
27		32		Trust Fund Contribution <input type="checkbox"/>	
28		33		5.00 May Be Added to Fees	
29		34		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AKINS, DAVID J. SUNBANK CENTER 200 S ORANGE AVE., STE. 3000 ORLANDO FL 32801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
85 FL				86 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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CHASE, SYDNEY O., III	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, SYDNEY O., III	12 NAME	
STREET ADDRESS	816 BRIGHTVIEW DR.	13 STREET ADDRESS	300002969969
CITY-ST-ZIP	LAKE MARY FL	14 CITY-ST-ZIP	-08/25/98--01075--01
TITLE	DVP	21 TITLE	***400. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, ROLAND S.	22 NAME	
STREET ADDRESS	816 BRIGHTVIEW DR.	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	24 CITY-ST-ZIP	
TITLE	DVP	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, TORSTEN F	32 NAME	
STREET ADDRESS	816 BRIGHTVIEW DR.	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 the empowered.

SIGNATURE: Sydney O. Chase III 21 April 1999 407-322-1181
Signature and Typed Name of Signing Officer or Director Date Office Phone #

09/25/94 (1/98) KE 8/10/99