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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division of CORPORATIONS

## DOCUMENT # P93000064077 (9)

FILED Mar 13 1997 8:00am Secretary of State

CHATE!	HATENBURY PLACE, INC.  Mailing Address  NORTH 56TH STREET A FL 33617  Mailing Address  1200 NORTH 56TH STREET TAMPA FL 33617-1531								
						3. Date Incorporated or Qualified 09/09/1993		ate of Last I 25/1996	Report
2. Principal Pape of Fusiness 2a. Moiling Addre						4. FEI Number			pplied For
Side, Apt. #, etc.		26 Suite, Apt. #, etc.				SQ 75 Addition			ot Applicable Additional
221		27]	. <del>                                     </del>			5. Certificate of Status Desired	Fee Required		
City & State 23		City & State			6. Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , ,			
297 <b>24</b> ]	Exolutey 25	Ζ(p)	30	ntry		This corporation has trability for Florida Statutes	intangible	tax under s	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered	Agent	
FABER, PHYLLIS				81	Name	ress (P.O. Box Number is Not Acceptable)			
12202 NORTH 56TH STREET TAMPA FL 33617			ţ		Street Ac				
(70)	W( ) ( ) ( )			83	<del></del>	<u> </u>			
				84	City		<u>-</u>	<b>85</b> Zio	Code
						orporation submits this statement for the	FL		
12. 10.66 5580 (2.064)		IN THE CTORS	13. 11 III 12 N	ILE AME	n signature rec	QUIRED When ministating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO Change	RS IN 12
CHY 54 700	TEMPLE TERRACE FL		1.4 CI		- 1				
1; ( )	TAREN NUVILLE	☐ DELETE	2111					Change	Addition
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(ata 51 zin	TAMPA FL		2 4 0		1				
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7.74		DELFTE	34 C 4 ' 1!		( · ZIP			Change	Addition
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SIRMAPORES.			4351	PEHT.	ADDRESS				
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Shipel Algorita and Calaba			L		ADDRESS				
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Stantatowns			I		ADDRESS				
06Y 5L 78			6.4 CI		1				
and the state of the	. 1					ted in Section 119.07(3)(i), Florida Statute			

4. Los here by corely that fine information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the information that is a manual report in supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I a is all office for of three torior for the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brack 12 or Block 12 at green, or on an attack ment with an address.

SIGNATURE:

SUTA DELLA DE SIGNING OFFICER OR DIRECTOR SUPPLIES DELLA 3-4-97

dime Phone #