

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **994 0000 70031**  
1. Corporation Name  
**CHASE I, INC.**

Principal Place of Business: **Chase Federal Bank, 7300 N. Kendall Dr., Miami, Fl. 33156**  
Mailing Address: **Chase Federal Bank, 7300 N. Kendall Dr., Miami, Fl. 33156**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt #, etc.	27	Suite Apt #, etc
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
9-22-94	
4. FLI Number	Applied For
65-0553784	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**Meryl Wolfson  
c/o Chase Federal Bank  
7300 N. Kendall Dr.  
Miami, Fl. 33156**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cooper, Thomas A.</b>	2. NAME	
STREET ADDRESS	<b>7300 N. Kendall Dr.</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, Fl. 33156</b>	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2. TITLE	
NAME	<b>Hessinger, Richard M.</b>	22. NAME	
STREET ADDRESS	<b>7300 N. Kendall Dr.</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, Fl. 33156</b>	24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3. TITLE	
NAME	<b>Laurence J. Trapp</b>	32. NAME	
STREET ADDRESS	<b>7300 N. Kendall Dr.</b>	33. STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, Fl. 33156</b>	34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4. TITLE	
NAME	<b>D/CFO</b>	42. NAME	
STREET ADDRESS	<b>Baker, Donald E.</b>	43. STREET ADDRESS	
CITY-ST-ZIP	<b>7300 N. Kendall Dr.</b>	44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. TITLE	
NAME	<b>S</b>	52. NAME	
STREET ADDRESS	<b>Wolfson, Meryl</b>	53. STREET ADDRESS	
CITY-ST-ZIP	<b>7300 N. Kendall Dr.</b>	54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. TITLE	
NAME	<b>VP</b>	62. NAME	
STREET ADDRESS	<b>Yans, Allen</b>	63. STREET ADDRESS	
CITY-ST-ZIP	<b>7300 N. Kendall Dr.</b>	64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Meryl Wolfson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/1/96**  
Day/Year/Phone #: **305 670-7600**

CR2E034 (12/95)

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