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FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000070031 (7)
 1. Corporation Name
CHASE I, INC.



Principal Place of Business: **7300 N KENDALL DR. C/O CHASE FEDERAL BANK MIAMI FL 33156**
 Mailing Address: **7300 N KENDALL DR C/O CHASE FEDERAL BANK MIAMI FL 33156**

3. Date Incorporated or Qualified: **09/22/1994**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **65-0553784**
 Applied For: 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21. **401 NORTH TRYON ST NCI-021-03-09**
 22. **c/o CORPORATE TAX CHARLOTTE NC 28255**
 23. Zip: Country
 24. 25. 26. **401 NORTH TRYON ST NCI-021-03-09**
 27. **c/o CORPORATE TAX CHARLOTTE NC 28255**
 28. Zip: Country
 29. 30.

9. Name and Address of Current Registered Agent
WOLFSON, MERYL
7300 N KENDALL DRIVE
MIAMI FL 33156

10. Name and Address of New Registered Agent
 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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	COOPER, THOMAS A	
STREET ADDRESS	7300 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DP	<input checked="" type="checkbox"/>
NAME	HESSINGER, RICHARD M	
STREET ADDRESS	7300 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DT	<input checked="" type="checkbox"/>
NAME	TRAPP, LAURENCE J	
STREET ADDRESS	7300 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DOFO	<input checked="" type="checkbox"/>
NAME	BAKER, DONALD E	
STREET ADDRESS	7300 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	<input checked="" type="checkbox"/>
NAME	WOLFSON, MERYL	
STREET ADDRESS	7300 N KENDALL DR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	YANS, ALLEN	
STREET ADDRESS	7300 N KENDALL DR	
CITY-ST-ZIP	MIAMI FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President + D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	John E. Mack		
1.3 STREET ADDRESS	401 NORTH TRYON ST		
1.4 CITY-ST-ZIP	NCI-021-03-09		
2.1 TITLE	Sec. Mary Ann Lucas	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Mary Ann Lucas		
2.3 STREET ADDRESS	401 NORTH TRYON ST		
2.4 CITY-ST-ZIP	NCI-021-03-09		
3.1 TITLE	Trea. / Tax officer + D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Gary S. Williams		
3.3 STREET ADDRESS	401 NORTH TRYON ST		
3.4 CITY-ST-ZIP	NCI-021-03-09		
4.1 TITLE	D. Kiser, James W.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	James W. Kiser		
4.3 STREET ADDRESS	401 NORTH TRYON ST		
4.4 CITY-ST-ZIP	NCI-021-03-09		
5.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Gary S. Williams* Gary S. Williams h-10-97 704-386-5956

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