PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000092398 (2) CHELSEA HOUSE, INC.

Principal Place of Business

Mailing Address

Jan 27 1998 8:00am Secretary of State



913 WHITE STREET KEY WEST FL 33040		913 WHITE STREET KEY WEST FL 33040		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified 11/08/1996		ļ
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0714872	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75		
22		27			3. Commence of Clarke Double Line	Fee Re	quired
City & State	•	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the co		
24	25		30				No
	Name and Address of Currer			N. C.	10. Name and Address of New Registered	Agent	
CC	٩Y	81	Name			1	
120	01 HAYS STREET		82	Street Addr	ddress (P.O. Box Number is Not Äcceptable)		
TA	LLAHASSEE FL 32301-2525			<u>.</u>			
			83				İ
			84	City	F	85 Zip (Code
11 Pursuant I	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s. the abov	e-named corp			registered
office or re	egistered agent, or both, in the State	of Florida, Such change was at	uthorized by	y the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as	registered
agent. I at	m tamiliar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statute	S.]
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE	: Registered Ag	ent slonature reculr	red when reinstaling) DATE		 i
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12
TITLE	DPST	DELETE	1,1 TITLE			☐ Change	Addition
NAME	DURBAN, LESLIE J		1.2 NAME				1
STREET ADDRESS	913 WHITE STREET		1	T ADDRESS			
	KEY WEST FL 33040		1.4 CITY - S				
CITY - ST - ZIP TITLE	V	DELETE	2.1 TITLE	31-41		,	Addition
NAME	WILLIAMS, GARY					Change	
NAME			22 NAME			L Change	
OTRECT LORDERS	-		2.2 NAME	T ADORESS		☐ Change	
STREET ADDRESS	913 WHITE STREET		2.3 STREE	T ADDRESS		∟ Change	
CITY - ST - ZIP	-	□ DELETE	2.3 STREE 2. 4 City-				Addition
CITY-ST-ZIP TITLE	913 WHITE STREET	☐ DELETE	2.3 STREE 2. 4 CITY- 3.1 TITLE			☐ Change	Addition
CITY-ST-ZIP TITLE NAME	913 WHITE STREET	☐ DELETE	2.3 STREE 2. 4 CITY- 3.1 TITLE 3.2 NAME	ST-ZiP			Addition
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I nereby certify that the information supplied with this filling 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 of 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 efficier 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 changes, or on an attachment with an address.