

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 28 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F97000000547 (6)

1. Corporation Name

CHANCELLOR OF STUART, INC.
Chancellor

Principal Place of Business

Mailing Address

197 FIRST AVE.
NEEDHAM MA 02194

197 FIRST AVE.
NEEDHAM MA 02194

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

Applied For

~~APPLIED FOR~~ 04-3348475

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DR., #500E
WEST PALM BEACH FL 33401

81 Name

C.T. CORPORATION SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

83

84 City

PLANTATION

FL

85 Zip Code

33324

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when SPECIAL ASSISTANT SECRETARY

DATE

Vicky Goldstein

VICKY GOLDSTEIN

4/24/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME GOSMAN, ABRAHAM D
STREET ADDRESS 197 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA 02194 ☐ DELETE

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VS
NAME CLARY, JAMES M III
STREET ADDRESS 197 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA 02194 ☐ DELETE

2.1 TITLE 200002502302-17 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS -04/28/98--01003--006
2.4 CITY-ST-ZIP *****150.00 *****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE VT ☐ Change ☒ Addition
3.2 NAME FADEWICK R. LEATHERS
3.3 STREET ADDRESS 197 FIRST AVE.
3.4 CITY-ST-ZIP NEEDHAM, MA 02194

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE V ☐ Change ☒ Addition
4.2 NAME JEFFREY P. NETERVAL
4.3 STREET ADDRESS 197 FIRST AVE
4.4 CITY-ST-ZIP NEEDHAM, MA 02194

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE V ☐ Change ☒ Addition
5.2 NAME PAUL ZAYLOR
5.3 STREET ADDRESS 197 FIRST AVE
5.4 CITY-ST-ZIP NEEDHAM, MA 02194

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

CR2E034 (10/97)

BC 4/28