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CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 17 PM 2:33

DOCUMENT # 146800

(8)

1. Corporation Name

CHATHAM REALTY CORPORATION

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**3820 LAVISTA CIRCLE #108
JACKSONVILLE FL 32217**

Mailing Address

**3820 LAVISTA CIRCLE #108
JACKSONVILLE FL 32217**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/27/1946

3a. Date of Last Report

06/17/1994

4. FEI Number

59-0550679

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. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRESSER, EDWIN
302 SCOTT BLDG
4811 BCH BLVD
JACKSONVILLE FL 32207**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME COHEN, JOSEPH
STREET ADDRESS 3820 LAVISTA CIRCLE #108
CITY- ST- ZIP JACKSONVILLE FL**

**1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE D
NAME COHEN, STANLEY W
STREET ADDRESS 3365 CHRYSLER DR
CITY- ST- ZIP JACKSONVILLE FL**

**2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE SD
NAME PRESSER, ANNE C
STREET ADDRESS 2487 CASTALLON DR. N.
CITY- ST- ZIP JACKSONVILLE FL**

**3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE TD
NAME COHEN, JOSEPH
STREET ADDRESS 3820 LAVISTA CIRCLE #108
CITY- ST- ZIP JACKSONVILLE FL**

**4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY- ST- ZIP**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Joseph Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph Cohen

4-10-95

Date

(904) 731-1752

Daytime Phone #