1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90113 042 ***150.00

DOCUMENT # 261148

CHATCO	COMMUNICATIONS, INC.			
	•			
Principal Place	of Business	Mailing Address		T NOVINE THANK OHAR WARE THEN ENDER THEN DIGHT EXEM THAN BEING HAND THAN THAN THAN
5375 N W 74TH AVE 1248 S ALHAMBRA CIR				'
MIAMI FL 33166 CORAL GABLES FL 33146			DO NOT WRITE IN THIS SPACE	
	·	US		3. Date Incorporated or Qualified
				07/23/1962
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-0997388 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		-	5. Certificate of Status Desired \$8.75 Additional	
22 27		-4-	Fee Required	
City & State City & State			6. Election Campaign Financing \$5.00 May Be	
23	0	28	Carretine	Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 3	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curren			10. Name and Address of New Registered Agent
CHATTAWAY I C				
CHATTAWAY,J S			82 Street A	Address (P.O. Box Number is Not Acceptable)
1248 S ALHAMBRA CIR				NJ 518A72 4788
COR	AL GABLES FL 33146		83	ARASOTA FL
	•		84 City	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 state of 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 Storaghter: typed or prioted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	Signature, typed or printed name of registered age	nt and little if applicable. (NOTE: NOTE: N	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD .	DELETÉ	1.1 TITLE	JS. Chathaway, PRRY Change Addition
NAME	CHATTAWAY,J S	•	1.2 NAME	12 Characons, the
STREET ADDRESS	1248 S. ALHAMBRA CIRCLE		1.3 STREET ADORESS	3872 STABLE IN
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	28 SPE JA AGORANAS
TITLE	STD	☐ DELETE	2.1 TITLE	PATTICIA 6, CHOTTAN BY STD
NAME	CHATTAWAY, PATRICIA G.		2.2 NAME	JEJZ CHUDIE 170
STREET ADDRESS	1248 S. ALHAMBRA CIRCLE		2.3 STREET ADDRESS	3832 CLOSONE FU 3A932
CITY-ST-ZIP	CORAL GABLES FL	□ DELETE	2. 4 C(TY-ST-ZIP	Change Addition
TITLE			3.1 TITLE	, Grining
NAME			3.2 NAME 3.3 STREET ADDRESS	
STREET ADDRESS	`		3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETÉ	4.1 TITLE	☐ Change ☐ Addition
NAME	,	•	4. 2 NAME	
STREET ADDRESS	<i>;</i> ′ ,		4.3 STREET ADDRESS	
CITY-ST-ZIP	- s		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	,		5.2 NAME	·
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	3 to	DELETE"	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
TITLE:		" DELETE	6.2 NAME	
NAME	,		6.3 STREET ADDRESS	
STREET ADDRESS	•		6.4 CITY-ST-ZIP	
14. I hereby o	ertify that the information supplied w	ith this filing does not qualify for t	he 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 cath; that I am an effect or effect or the correction or the receiver or trustee empowered to execute this report as required by Chanter 607. Florida Stigutes, and that my name appears in				
Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.				