

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

**FILED**

**Apr 11 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 # 326162 (5)**  
1. Corporation Name  
**CHASE FINANCIAL CORPORATION OF FL**



Principal Place of business Mailing Address  
**2400 MAITLAND CTR PKWY STE 210 MAITLAND FL 32751 US**  
**250 WEST HURON CLEVELAND OH 44113-1451**

3. Date Incorporated or Qualified **02/07/1968** 3a. Date of Last Report **03/05/1996**  
4. FEI Number **34-1020362** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 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  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZYCH, LEONARD A	
STREET ADDRESS	250 WEST HURON	
CITY - ST - ZIP	CLEVELAND, OH 00000	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	BOYLAN, THOMAS M	
STREET ADDRESS	250 WEST HURON	
CITY - ST - ZIP	CLEVELAND, OH 00000	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	RHEA, J D	
STREET ADDRESS	250 WEST HURON	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KAPITAN, ROBERT J	
STREET ADDRESS	250 WEST HURON	
CITY - ST - ZIP	CLEVELAND, OH 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BASIL, DAVID A	
STREET ADDRESS	250 WEST HURON	
CITY - ST - ZIP	CLEVELAND, OH 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HYLAND, PATRICK F	
STREET ADDRESS	250 WEST HURON	
CITY - ST - ZIP	CLEVELAND, OH 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	E. Kennedy Carter Jr.	
1.3 STREET ADDRESS	250 West Huron	
1.4 CITY-ST-ZIP	Cleveland, OH 44113	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Robert J. Kapitan* Robert J. Kapitan, Vice President 4/3/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)