

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 # 428900

(5)

1. Corporation Name
CHASE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

C/O CARL RONGO
15013 MADEIRA WAY
MADEIRA BCH. FL 33730

C/O CARL RONGO
P.O. BOX 8125
MADEIRA BCH. FL 33738-8125

3. Date Incorporated or Qualified
06/22/1973

3a. Date of Last Report
02/27/1996

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

4. FEI Number
59-1471359

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARL, RONGO
11234 PARK BLVD.
#210
SEMINOLE FL 34642

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME RONGO, CARL V
STREET ADDRESS 10925 SW 107 AVE.
CITY-ST-ZIP MIAMI FL 33176-3444

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

TITLE ST ☐ DELETE
NAME RONGO, CYNDI
STREET ADDRESS 10563 B 2ND WAY N.
CITY-ST-ZIP ST. PETERSBURG FL 33716

2.1 TITLE ST ☒ Change ☐ Addition
2.2 NAME Rongo Cyndi
2.3 STREET ADDRESS 10925 SW 107 Ave
2.4 CITY-ST-ZIP Miami FL 33176-3444

TITLE D ☐ DELETE
NAME NIGG, CATHERINE
STREET ADDRESS 205 BLISS DR.
CITY-ST-ZIP URBANA IL 61801

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ROBERSON, CARALYN
STREET ADDRESS 7604 EASON CIRCLE
CITY-ST-ZIP RALEIGH NC 27613

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Roberson, Caralyn
4.3 STREET ADDRESS 4208 Frost Ct
4.4 CITY-ST-ZIP Raleigh, NC 27609

TITLE D ☐ DELETE
NAME DAYTON, CARI
STREET ADDRESS 13409 A QUINTIN LANE
CITY-ST-ZIP TAMPA FL 33618

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Dayton, Cari
5.3 STREET ADDRESS 6371 Pilestead Dr #1317
5.4 CITY-ST-ZIP Lake Worth, FL 33463

TITLE D ☐ DELETE
NAME RATLIFF, CANDY
STREET ADDRESS 2720 7TH ST. SW
CITY-ST-ZIP LEHIGH ACRES FL 33971

6.1 TITLE ☐ Change ☐ 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: Cynthia R Rongo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97 305-3808477
Date Daytime Phone #

CR2E034 (9/96)