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**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

24 25 29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE **P**

NAME **RONGO, CARL V**

STREET ADDRESS **10925 SW 107 AVE.**

CITY-ST-ZIP **MIAMI FL 33176-3444**

TITLE DELETE **ST**

NAME **RONGO, CYNDI**

STREET ADDRESS **10563 B 2ND WAY N.**

CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE DELETE **D**

NAME **NIGG, CATHERINE**

STREET ADDRESS **205 BLISS DR.**

CITY-ST-ZIP **URBANA IL 61801**

TITLE DELETE **D**

NAME **ROBERSON, CARALYN**

STREET ADDRESS **7604 EASON CIRCLE**

CITY-ST-ZIP **RALEIGH NC 27613**

TITLE DELETE **D**

NAME **DAYTON, CARI**

STREET ADDRESS **13409 A QUINTIN LANE**

CITY-ST-ZIP **TAMPA FL 33618**

TITLE DELETE **D**

NAME **RATLIFF, CANDY**

STREET ADDRESS **2720 7TH ST. SW**

CITY-ST-ZIP **LEHIGH ACRES FL 33971**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition **ST**

2.2 NAME **Rongo Cyndi**

2.3 STREET ADDRESS **10925 SW 107 Ave**

2.4 CITY-ST-ZIP **Miami FL 33176-3444**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition **D**

4.2 NAME **Roberson, Caralyn**

4.3 STREET ADDRESS **4208 Frost Ct**

4.4 CITY-ST-ZIP **Raleigh, NC 27609**

5.1 TITLE Change Addition **D**

5.2 NAME **Dayton, Cari**

5.3 STREET ADDRESS **6371 Pilestead Dr #1317**

5.4 CITY-ST-ZIP **Lake Worth, FL 33463**

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** **Cynthia R Rongo** 4/11/97 305-3808477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)