

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90022 002 ***150.00

DOCUMENT # 428900

1. Corporation Name

CHASE ENTERPRISES, INC.

Principal Place of Business

400 2ND AVE NE
32
ST PETERSBURG FL 33701
US

Mailing Address

400 2ND AVE NE
32
ST PETERSBURG FL 33701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1973

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CARL RONGO
400 2ND AVE NE
32
ST PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
ST
RONGO, CYNDI
STREET ADDRESS
10925 SW 107TH AVE
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
D
ROBERSON, CARALYN
STREET ADDRESS
4208 FROST CT
CITY-ST-ZIP
RALEIGH NC

TITLE ☐ DELETE

NAME
D
DAYTON, CARI
STREET ADDRESS
6371 PINESTEAD DR 1317
CITY-ST-ZIP
LAKE WORTH FL

TITLE ☐ DELETE

NAME
D
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99 941 4926110

Date

Daytime Phone #

CR2E034 (1/98)