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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 467836 1. Corporation Name

WIN CHESLEY ASSOCIATES INC

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90035 013 ****150.00

Principal Place	e of Business	Mailing Address	-						
1227 D N.W.	,	1227 D N.W.							
SUN ȚERRACE		SUN TERRACE CIRC							
PORT ST LUCIE FL 34986 PORT ST LUCIE FL 34986			34986			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
	•					· · · · · · · · · · · · · · · · · · ·			
2. Principal P	Place of Business	2a. Mailing Addres				12/10/1974 4. FEI Number	1 0	plied For	┨.
21	:	26				59-1575494	<u> </u>	t Applicable	1 🍹
Suite, Apt.	#, etc.	Suite, Apt. #, e	itc.	.			\$8.75		1 8
22	•	27				5. Certificate of Status Desired	Fee Re		
City & State	te	City & State				6. Election Campaign Financing	\$5.00	May Be	1
23		28				Trust Fund Contribution	Added	o Fees	ļ'
Zip —¬	Country	Zip		ountry	-	8. This corporation owes the current ye		·	
24	25	29	30			Personal Property Tax.	☐Yes	□No	4
	9. Name and Address of C			81	Name	10. Name and Address of New Regis	terea Agent		1
CHE	SLEY, WIN	Tay Bar							
1227	7-D NW SUN TERRACE CIR	ICLE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	IT ST. LUCIE FL 34986			83			1 150 2186 505 1 2087	40 - E 11: 125:	1
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				84	City	growing the second control of the second con	FL 85 Zip (Codé	1
				1	•				1
11. Pursuant	to the provisions of Sections 60 egistered agent, or both, in the im familiar with, and accept the	07.0502 and 607.1508, Florida State of Florida. Such change obligations of, Section 607.050	Statutes, the was authoriz 05, Florida St	above-	-named corporation	oration submits this statement for the purpo on's board of directors. I hereby accept the		registered gistered	
11. Pursuant 300 office or n Officegent, I ai SIGNATURE	m familiar with, and accept the	obligations of, Section 607.056 ared agent and title if applicable.	05, Florida St	above- ed by the atutes.		d when reinstating)	ose of changing its appointment as re		6
11. Pursuant 337 office or n Coffiagent Tai SIGNATURE 12.	im familiar with, and accept the Signature, typed or printed name of registe OFFICEI	obligations of, Section 607.050 ared agent and title if applicable. RS AND DIRECTORS	(NOTE: Register	above- ed by the atutes.		d when reinstating) : DA ADDITIONS/CHANGES TO OFFICE	ose of changing its appointment as re-	RS IN 12	1/08)
11. Pursuant 300 office or n Comagent Lai SIGNATURE 12.	im familiar with, and accept the Signature, typed or printed name of registe OFFICEI	obligations of, Section 607.056 ared agent and title if applicable.	(NOTE: Register (NOTE: Register 1.1	above- ed by the atutes.		d when reinstating)	ose of changing its appointment as re		(141/08)
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11. Pursuant 300 office or n Coffagent, Lai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	im familiar with, and accept the Signature, typed or printed name of registe OFFICEI PT WIN, CHESLEY	obligations of, Section 607.056 ered agent and title if applicable. RS AND DIRECTORS DELI DE CIRCLE	05, Florida St. (NOTE: Register 13 ETE 1.1 1.2 1.3	above- ed by the statutes. Ted Agent 3. TITLE NAME STREET A CITY-ST-	signature required	d when reinstating) : DA ADDITIONS/CHANGES TO OFFICE	ose of changing its appointment as reserved. TE RS AND DIRECTO Change	IRS IN 12	CD2E034741/081
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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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE: