

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
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90099 022 ***150.00

DOCUMENT # 543879

1. Corporation Name
CHASIN & CHASIN, INC.

Principal Place of Business
2142 AUSTIN
WESTON FL 33326
US

Mailing Address
2142 AUSTIN
WESTON FL 33326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1977

4. FEI Number

59-1767362

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

~~BOOKMAN, RAYMOND A., C.P.A.~~
17 N.W. 168TH ST.
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name BOOKMAN AND FINE, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
17 N.W. 168 ST.

83 MIAMI, FL 33169

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 *Lillian Chasin* Lillian Chasin, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05 APR 1999

12. OFFICERS AND DIRECTORS

TITLE ~~VP~~ ☒ DELETE
NAME ~~CHASIN, LARRY~~
STREET ADDRESS ~~2142 AUSTIN~~
CITY-ST-ZIP ~~WESTON FL~~

TITLE SD ☐ DELETE
NAME CHASIN, LILLIAN
STREET ADDRESS 2142 AUSTIN
CITY-ST-ZIP WESTON FL

TITLE PD ☐ DELETE
NAME CHASIN, NORMAN
STREET ADDRESS 2142 AUSTIN
CITY-ST-ZIP WESTON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lillian Chasin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LILLIAN CHASIN
Secretary

05 APR 1999 854 - 389-4780

Date

Daytime Phone #

CR2E034 (1/98)

0308053