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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 589680 1. Corporation Name

CHELLERIE INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90259 014 ***158.75

| | ERIE, INC. | | | | | | | |
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| D: 151 | | | | | | BIN JON BURN B | | |
| , , | ce of Business | Mailing Address | | | | | | |
| 1861 N. POWERLINE RD. 1861 N. POWERLINE RD. POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 | | | | | | | | |
| TOWN AND DEADER IT 30003 FOMPAND DEADER IT 30003 | | | | | · po not wr | ITE IN THIS | SPACE | |
| | | | | i | 3. Date Incorporated or Qualifed | | | |
| J | | | | | 10/11/1978 | | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | 4, FEI Number | | 17 | Applied For |
| 21 | <u></u> | 26 | | | 59-1857125 | _ _ | - 1 | Not Applicable |
| Suite, Apt | t. #, etc. | Suite, Apt. #, etc. | | _ | 5. Certifcate of Status Desired | | | Additional |
| 22 | | 27 | | | 5. Continuate of Otalias Desired | <u> </u> | Fee I | Required |
| City & Sta | ate | City & State | | | 6. Election Campaign Financing | | \$5.0 | 0 May Be |
| 23 | | 28 | | | Trust Fund Contribution | | | d to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes the cur | rent year Inta | | - |
| 24 | 25 | | 30 | | Personal Property Tax. | Da wint | Yes | No |
| | 9. Name and Address of Curre | ent registered Agent | 81 Na | me | 10. Name and Address of New | registered . | agent | |
| CHA | APMAN, WILLIAM | | (0) | une. | | | | |
| | 1 NORTH POWERLINE ROAD | | 82 Str | eet Addres | ss (P.O. Box Number is Not Accept | able) | | |
| | MPANO BEACH FL 33069 | | 83 | | | | | |
| , | | | 65 | | | | | |
| | • | | 84 Cit | у | | | 85 Zir | Code |
| D. D | 14 H | 00 | | | | <u>FL</u> | <u></u> | |
| office or | t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig | อง Florida. Such change was at | es, the above-han uthorized by the c | neu corpor corporation | ation submits this statement for the 's board of directors. I hereby acce | e purpose of pt the appoir | cnanging i itment as | rs registered registered |
| agent. I a | am familiar with, and accept the oblig | ations of, Section 607.0505, Flor | rida Statutes. | • | • | | | • |
| SIGNATURE | | | | _ | | | | |
| 12. | Signature, typed or printed name of registered ag | | | 4 | 4 (1-1-1) | | | |
| | OFFICERS A | | Registered Agent signal | ture required w | | DATE EICERS AN | D DIRECT | ODS IN 12 |
| TITLE | | ND DIRECTORS | 13. | ture required w | then reinstating) ADDITIONS/CHANGES TO OF | | | |
| TITLE | PTD | | 13. 1.1 TITLE | ture required w | | | D DIRECT | |
| TITLE NAME | PTD CHAPMAN, WILLIAM | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME | | | | | |
| TITLE NAME STREET ADDRESS | PTD CHAPMAN, WILLIAM 407 NW 104TH AVENUE | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR | | | | | |
| TITLE NAME | PTD CHAPMAN, WILLIAM | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI 1.4 CITY-ST-ZIP | | | | ☐ Change | e 🗌 Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PTD CHAPMAN, WILLIAM 407 NW 104TH AVENUE CORAL SPRINGS FL | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | ESS | | | ☐ Change | e 🗌 Addition |
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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, changed, or on an attention with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

121/99 974 960 0031

Daytime Phone