FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # 599377 (9)

1. Corporation Name
J. J. CHALK, INC.

Principal Place of Business	Mailing Address
1010 S 57TH AVE SUITE 203 LAKE WORTH FL 33463 US	4010 S 57TH AVE SUITE 203 LAKE WORTH FL 33463-4301 US

3. Date Incorporated or Qualified	3a. Date of Last Report
01/19/1979	04/04/1996

4. FEI Number	
59-1883012	Applied For / Not Applicable

2. Principal Place of Business [21]
2a. Mailing Address [26]
Suite, Apt. #, etc. [22]
Suite, Apt. #, etc. [27]
City & State [23]
City & State [28]
Zip [24]
Country [25]
Zip [29]
Country [30]

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

COHEN, EDWARD B.
54 SW BOCA RATON RD
BOCA RATON FL 33432

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 _____ DATE 3/10/97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME: STEIN, JUDITH		1.2 NAME	
STREET ADDRESS: 10794 FAIRMONT VILLAGE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP: LAKE WORTH FL		1.4 CITY-ST-ZIP	
TITLE: D ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME: STEIN, STANLEY		2.2 NAME	
STREET ADDRESS: 10794 FAIRMONT VILLAGE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP: LAKE WORTH FL		2.4 CITY-ST-ZIP	
TITLE: ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE: ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE: ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE: ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ 3/10/9-