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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

615181

(5)

**CHASSIS MASTER CORPORATION** 

**FILED** Apr 22 1998 8:00am Secretary of State



954

Principal Place	or Business	Mailing Address				
% ROBERT PALLANDINO 2009 N.W. 102ND TERRACE CORAL SPRINGS FL 33071		% ROBERT PALLANDINO 2009 N.W. 102ND TERRACE CORAL SPRINGS FL 33071		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified 03/23/1979		
9 Principal Pla	ace of Business	2a, Mailing Address		4, FEI Number	Applied For	
21 2300 S. STATE RO7		26 2300 S. STATE RO 7		59-1898728	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27 City & State		Certificate of Status Desired     Fee Required		
City & State  23 MIRAMAR FL		28 MIRAMAR FL		6. Election Campaign Financing Trust Fund Contribution	Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country			8. This corporation owes or has paid the current year Intangible	
24 330			10 USB	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No	
	9. Name and Address of Current	Hegistered Agent	81 Name /	1		
	ALLADINO, ROBERT			ALLADINO ROBER	<u>. (</u>	
2009 NW 102ND TERR.						
C	ORAL SPRINGS FL 33071-2857		83	00 SOOTH STATE	RD 7	
			84 City		85 Zip Code	
·			MIR	EAMAR FL		
11. Pursuant to office or reacht. Lar	o the provisions of Sections 607.0502 egistered agent, or both, in the State c m familiar with, and accept the obligat	-and 607.1508, Florida Statutes of Florida: Such change was au tions of, Section 607.0505, Flori	s, the above-hamed co thorized by the earpo	oration's board of directors. I hereby accept the ap		
SIGNATURE	Robert PAWA	DINU	Registered Agent signature re	squired when roinstating) DATE	.98	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	PALLADINO, ROBERT		1.2 NAME			
STREET ADDRESS	2300 S STATE RD 7		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY- ST- ZIP			
TITLE		DELETE	2.1 THILE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		DELETE	3 1 THILE		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. 7iP			6.4 CITY-ST-ZIP			
44 thereby c	certify that the information supplied wit	h this filing does not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further of	certify that the information	
indicated officer or	on this annual report or supplemental director of the corporation or the recei	-annual report is true and accu iver or trustee empowered to ei	rate and that my sign:	ature shall have the same legal effect as if made u equited by Chapter 607, Florida Statutes; and that	t my name appears in	
Block 12 d	or Block 13 if changed, or on an attac	ningot with an address.	_	////	954	