

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

'95 MAY -1 AM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 626607

(6)

1. Corporation Name

CHEVALIS CONSTRUCTION, INC.

Principal Place of Business

C/O LEE MILICH, P.A.
11900 BISCAYNE BLVD.
NORTH MIAMI FL 33181

STE 809

Mailing Address

C/O LEE MILICH, P.A.
11900 BISCAYNE BLVD
NORTH MIAMI FL 33181

STE 809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1979

3a. Date of Last Report

04/20/1994

4. FEI Number

59-1938433

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 has liability for intangible tax under S. 199.032
Florida Statute ☐ Yes ☒ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

25

County

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

30

County

9. Name and Address of Current Registered Agent

MILICH, LEE
11900 BISCAYNE BLVD.
SUITE 809
NORTH MIAMI FL 33181

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 607.02(2) and 607.03(1), 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 Sections 607.02(2) and 607.03(1), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of New Registered Agent (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

12a

NAME

STREET ADDRESS

CITY & STATE

ZIP

VD
GOLDIST, ISADORE
17600 NO. BAY RD., #801
NO. MIAMI BEACH FL

12b

NAME

STREET ADDRESS

CITY & STATE

ZIP

SD
GOLDIST, F.
17600 NO. BAY RD., #801
NO. MIAMI BEACH FL

12c

NAME

STREET ADDRESS

CITY & STATE

ZIP

12d

NAME

STREET ADDRESS

CITY & STATE

ZIP

12e

NAME

STREET ADDRESS

CITY & STATE

ZIP

12f

NAME

STREET ADDRESS

CITY & STATE

ZIP

13. ADDITIONAL OFFICERS, DIRECTORS, AND EMPLOYEES, IF ANY

13a

NAME

STREET ADDRESS

CITY & STATE

ZIP

13b

NAME

STREET ADDRESS

CITY & STATE

ZIP

13c

NAME

STREET ADDRESS

CITY & STATE

ZIP

13d

NAME

STREET ADDRESS

CITY & STATE

ZIP

13e

NAME

STREET ADDRESS

CITY & STATE

ZIP

13f

NAME

STREET ADDRESS

CITY & STATE

ZIP

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 199.032(2)(b), Florida Statutes. I further certify that the information is included on the annual report or supplementary annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am very officer or director of this corporation, or the owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1 if a change of name, on the report with an address.

SIGNATURE:

Jay Goldist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25/95

(416) 636 2664