## 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

DOCUMENT # 811888

(7)

**CHAKERES REALTY COMPANY** 

FILED				
Feb	03	1997	8:00am	
Se	cre	tary o	f State	

22   City & State   C	Applied For Not Applicab .75 Additional fee Required 5.00 May Be dded to Fees nder s. 199.032,
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 05/02/1957 05/02/1957 2. Principal Place of Business 2. A Mailing Address 3. A FEI Number 3. 1-6025292 Suite, Apt. #, etc. 3. Certificate of Status Desired	Applied For Not Applicab .75 Additional fee Required 5.00 May Be dded to Fees nder s. 199.032,
28. Mailing Address   28. Mailing Address   31-6025292   Suite, Apt. #, etc.   5. Certificate of Status Desired   \$8. Pr. City & State   State	Not Applicab .75 Additional ee Required 5.00 May Be dded to Fees nder s. 199.032,
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27) City & State Country Count	5.00 May Be dded to Fees nder s. 199.032,
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28   Trust Fund Contribution   Acceptable	dded to Fees nder s. 199.032,
25 29 30 Florida Statutes	
9. Name and Address of Current Registered Agent  DEMOS,ANGELO P 1101 BRICKELL AVE., SUITE 1700 MIAMI FL 33131  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   85   86   City   FL   86   87   Signature speed agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   Signature speed or primed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstainty)  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11 TITLE   City Street Address of New Registered Agent signature required when reinstainty   DATE   City Street Address of New Registered Agent signature street   City Street Address of New Registered Agent signature street   City Street Address of New Registered Agent   Street Address of New Registered Agent   Street Address of New Registered Agent   State of New Registered Agent	20 20 20 20 20 20 20 20 20 20 20 20 20 2
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14. I do horeby 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 thenanged, or on an attachment with an address.

SIGNATURE:

GNATURE AND TOPE OF PRINTED NAME OF SIGNING OFFICER ORDIRECTOR

Elden L. Paden /28/97 (937)323-6

Daylinie Phone #