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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

F43453

(2)

B.R. CHAMBERLAIN & SONS, INC.

FILED
Feb 20 1998 8:00am
Secretary of State



Principal Place	of Busines	s	N	Mailing Address					b iddiidd tife bines itils atati dieta iere arder arate erate erate arate rea:				
2714 REW CIR	ICLE		:	2714 REW CIR.									
SUITE 200				STE 200					DO NOT WRITE IN THIS SPACE				
OCOEE FL 34761				OCOEE FL 34761 US					3, Date Incorporated or Qualified				
U\$ US									09/04/1981				
2. Principal Pla	ace of Busin	222	20	, Mailing Address					4, FEI Number			T _{Ar}	plied For
—	ace or busin	1000	26	i, walling naarooo					59-2421531		-	_	t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.							\$8.		Additional
22				27					6. Certificate of Status Desired L]			quired
City & State			[27]	City & State					6. Election Campaign Financing		¢.	nn	May Be
23				28						-			o Fees
Zip		Country	20	Zip	7	Country	,		8. This corporation owes or has paid	he curr			
24		25	29]	30	•			Personal Property Tax due June 30	_	Yes		No
	9. Name	and Address of Current		stered Agent	1001	\top	_		10. Name and Address of New Regis	tered A	gent		
DIB	JEGAN CI	TEPHEN D ESQ				81	Ī	Vame					
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800 N. MAGNOLIA AVE. STE 1500							۶	Street Addr	ress (P.O. Box Number is Not Acceptable)				
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UNL	LANDO FL	32003					_						
						84	۱ (City		FL	85	Zip (Code
44 Burguent to	o the provice	ione of Sections 607 0503	and (607 1508 Florida Sta	tutos the	a above	<u>- n</u>	amed corn	poration submits this statement for the purp	ose of	chanc	ina it	s registered
office or re	egistered ag	jent, or both, in the State	of Flor	ida. Such change wa	s author	zed by	y Ih	e corporati	cion's board of directors. I hereby accept the	ne appo	intme	nt as	registered
agent. I an	n fa miliar wi	ith, and accept the obliga	tions o	of, Section 607.0505,	Florida S	statutes	S.						ļ
SIGNATURE	C)	or printed name of registered ager	t and til	In if applicable (1)	NOTE: Book	lored Acc	ont e	lonet re samir	red when reinstating)	DATE			
12.	Signature, typeo	OFFICERS AND				3.		ignatore redoin	ADDITIONS/CHANGES TO OFFICER		DIRE	CTOR	S IN 12
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14. I hereby c	ertify that th	e information supplied wit	h this	filing does not qualif	y for the	exemp	tion	n stated in	Section 119.07(3)(i), Florida Statutes. I fur	ther cer	tify the	at the	information

4. 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 of Suppliemental 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 of 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:

2/16/98