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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300004090 (7)

CHANTECLER INVESTMENTS, INC.

FILED Feb 20 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	Mailing Address			I (421142 litt 12164 11111 42111 44111 42111 42111 41211 41211 41211 41211 41211
4875 SHERWOOD FOREST DRIVE DELRAY BEACH FL 33445			4875 SHERWOOD FOREST DRIVE DELRAY BEACH FL 33445			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						09/07/1993
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4, FEI Number Applied For
21		26				22-1769228 Not Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			Certificate of Status Desired \$8.75 Additional
22		27				Fee Hequired
City & State		City & State	⊢ ¬ '			B. Election Campaign Financing Trust Fund Contribution Added to Fees
23 7in	Country	Country Zip Country				
Zip	— ·		├1	Unitry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Curr	ent Registered Agent	30	1		10. Name and Address of New Registered Agent
VO.		om nogistorou Agom		81	Name	IV. Italia alia pada da alia italia alia alia alia alia alia a
	ENIG, WALTER A	_				
	'5 SHERWOOD FOREST DRIVI	•		82	Street Add	Idress (P.O. Box Number is Not Acceptable)
UEI	LRAY BEACH FL 33445			83		
				"		
				84	City	FL 85 Zip Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607,1508, Florida (ite of Florida. Such change igations of, Section 607.050	Statutes, the a was authorize 5, Florida Sta	bove d by	e-named co the corpora s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE Register	ed Age	ent signature req	quired when reinstaling) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ĊP	☐ DELET	E 1.11	ITLE		Change Addition
NAME	KOENIG, WALTER A		1.2 }	AME		
STREET ADDRESS 4875 SHERWOOD FOREST (DRIVE	E 1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 (HTY-S	T-21P	
TITLE						Change Addition
NAME	2		2.2 N	IAME		
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			2.4	2. 4 CITY-ST-ZIP		№
TITLE		☐ DELET	DELETE 3.1 TITLE			Change Addition
NAME			3.2 N	IAME		
STREET ADDRESS			3.3 9	TREET	ADDRES\$	
CITY-ST-ZIP			3.4. (CITY-S	ST-ZIP	
TITLE		☐ DELET	E 4.1 T	ITLE		☐ Change ☐ Addition
NAME			4.21	NAME	ŀ	
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP	_		4.4 0	ITY-\$	T-ZIP	
TITLE		☐ DELET	E 5.1 T	ITLE		Change Addition
NAME			5.2 N	IAME		
STREET ADDRESS			5.3 9	TAEET	AODRESS	,
CHTY-ST-ZIP				HY-S	T-ZIP	
TITLE		☐ DELET				Change Addition
NAME			6.2 N	IAME	1	
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY-ST-ZIP			6.4 0	ITY-S	T-ZIP	

14. 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 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 trustree 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 open attachment with an address.

Va /11/20