

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003112 (9)

1. Corporation Name

CHASE, LEAVITT (CUSTOMHOUSE BROKERS), INC.



Principal Place of Business

10 DANA ST.
PORTLAND ME 04101

Mailing Address

10 DANA ST.
PORTLAND ME 04101

2. Principal Place of Business

21 10 DANA ST

2a. Mailing Address

26 9270 NW 160TH ST

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 City & State

PORTLAND ME

27 203

28 FL, MIAMI

24 Zip

04101

Country

29 33178

30 Country

9. Name and Address of Current Registered Agent

LEAVITT, ALISON
705 WEST 28TH ST.
HIALEAH FL 33010

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

01/24/1995

4. FEI Number

01-0373891

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 Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

ALISON LEAVITT

82 Street Address (P.O. Box Number is Not Acceptable)

9270 NW 160TH ST

83 Suite, Apt., #, etc.

SUITE 203

84 City

MIAMI

FL

85 Zip Code

33178

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and state it is acceptable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	LEAVITT, ALISON	2747 N. OCEAN BLVD.	BOCA RATON FL 33431	<input type="checkbox"/>
V	LOESER, DAVID	81 WALTON ST.	PORTLAND ME 04101	<input type="checkbox"/>
S	LEAVITT, WILLIAM	3 BRIDLE PATH WAY	CAPE ELIZABETH ME 04107	<input type="checkbox"/>
T	HOFMEISTER, JILL	9 JAMES ST.	BRUNSWICK ME 04011	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		BOX 589	PORTLAND ME 04112	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		TREAS.		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		STOCKSTAD, CHARL	3410 EMERALD POINT RD	
		HOLLYWOOD FL	33021	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 if changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

Date

Typed Name

CR2E034 (12/95)