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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
US

Mailing Address

9270 NW 100TH ST
#203
PORTLAND ME 33178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

2601 NW 74th Ave.

Miami, FL

33122

9. Name and Address of Current Registered Agent

LEAVITT, ALISON
9270 NW 100TH ST
STE 203
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name

Leavitt, Alison

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

2601 NW 74th Ave

83

84 City

Miami

FL

85 Zip Code

33122

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

Alison Leavitt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LEAVITT, ALISON
STREET ADDRESS BOX 589
CITY-ST-ZIP PORTLAND ME

TITLE ☐ DELETE

NAME LOESER, DAVID
STREET ADDRESS 175 EAST GRAND AVENUE
CITY-ST-ZIP OLD ORCHARD BEACH ME

TITLE ☐ DELETE

NAME LEAVITT, WILLIAM
STREET ADDRESS 3 BRIDLE PATH WAY
CITY-ST-ZIP CAPE ELIZABETH ME

TITLE ☒ DELETE

NAME STOCKSTAD, CHERYL
STREET ADDRESS 3410 EMERALD POINT RD
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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:

Alison Leavitt

CR2E034 (10/97)