4-3-98 B-4/59 C-FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS 1998 DOCUMENT # F95000001426 (4) OPEN CHAPTER, INCORPORATED Principal Place of Business Mailing Address 11764 SW VALENCIA CT 11764 SW VALENCIA CT PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #. etc. Suite, Apl. #, etc.

FILED Apr 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1995 4. FEI Number Applied For 58-1781627 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zio Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CRARY III. LAWRENCE E **555 COLORADO AVENUE** Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 83 84 City Zip Code 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 txth, 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. 11. Pursuant to the provisions of Sections 607.0502 and 607 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE ☐ Change Addition HANSBROUGH, NANCY NAME 1.2 NAME 11764 SW VALENCIA CT STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE HANSBROUGH, BRUCE A NAME 2.2 NAME 11764 SW VALENCIA CT STREET ADDRESS 2.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE **GRIFFITH, CONNIE** NAME 3.2 NAME 8990 N DAVIS RD #175 STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 supplimental 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 ap attachment with an address

SIGNATURE:

中華和南國中華海南部 中国市