

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004761 (1)

1. Corporation Name

CHANTRY GROUP LIMITED, INC.



Principal Place of Business

3010 S.W. 14TH PLACE #12
BOYNTON BEACH FL 33426

Mailing Address

138 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

2. Principal Place of Business

2a. Mailing Address

21 1855 Griffin Rd

26 4592 Pinetree Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A-316

27

City & State

City & State

23 Dania FL

28 Delray Beach, FL

Zip

Zip

Country

Country

24 33004

25 USA

29 33445

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/29/1995

3a. Date of Last Report

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

STÄHL, CYNTHIA M
138 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

81 Name

Ann M. Hinton

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

4592 Pinetree Dr

83

Delray Beach

84 City

FL

85

Zip Code

33445

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

Ann M. Hinton

Ann M. Hinton President

4/29/96

Signature, typed or printed name of registered agent (if not the same person)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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