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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000000700

1. Corporation Name
CHADGOLD CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O THE NEWKIRK GROUP 100 JERICO QUAD STE 214 JERICHO NY 11753 US	Mailing Address C/O THE NEWKIRK GROUP 100 JERICO QUAD STE 214 JERICHO NY 11753 US
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3. Date Incorporated or Qualified 02/10/1997	
4. FEI Number 22-3105816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCEO <input type="checkbox"/> DELETE
NAME	ASHNER, MICHAEL
STREET ADDRESS	C/O THE NEWKIRK GRP 100 JERICO QUAD 214
CITY-ST-ZIP	JERICHO NY 11753
TITLE	VPAS <input type="checkbox"/> DELETE
NAME	BRAVERMAN, PETER
STREET ADDRESS	C/O THE NEWKIRK GRP 100 JERICO QUAD #214
CITY-ST-ZIP	JERICHO NY 11753
TITLE	VP <input type="checkbox"/> DELETE
NAME	TIFFANY, CAROLYN
STREET ADDRESS	C/O THE NEWKIRK GRP 100 JERICO QUAD #214
CITY-ST-ZIP	JERICHO NY 11753
TITLE	VP <input type="checkbox"/> DELETE
NAME	BONIFIELD, STEPHEN
STREET ADDRESS	C/O THE NEWKIRK GRP 100 JERICO QUAD #214
CITY-ST-ZIP	JERICHO NY 11753
TITLE	STR <input type="checkbox"/> DELETE
NAME	JOHNSON, LARA SWEENEY
STREET ADDRESS	C/O THE NEWKIRK GRP 100 JERICO QUAD #214
CITY-ST-ZIP	JERICHO NY 11753
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Theresa Sweeney* **THESA SWEENEY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/15/99 Daytime Phone #: (516) 681-3636

CR2E034 (11/98)