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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006506 (6)

THE CHASE SCOTMARTIN CORP.

Principal	Place	of	Business
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Mailing Address

FILED Apr 08 1998 8:00am Secretary of State



100 INTERCOASTAL PLACE (APT. 101) 100 INTERCOASTAL PLACE (APT. 101) TEQUESTA FL 33469 **TEQUESTA FL 33469** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 351 5 US HWY 1 351 S 45 HWY 11-2535083 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired 104 104 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing JUPITER, JUPITER, FL Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible u SA USA 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ZANE, JEFFREY P 701 NORTHPOINT PKWY. (STE. 330) Street Address (P.O. Box Number is Not Acceptable) W. PALM BEACH FL 33407 84 City Zio 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 Signature, typed or printed nume of registered agent and title if applicable (NOTE, Registered Agent algorature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE MARTIN, JOHN R NAME 1.2 NAME 176 HEL105 DR .- APT 204 100 INTERCOASTAL PLACE (APT. 101) 1.3 STREET ADDRESS STREET ADDRESS **TEQUESTA FL 33469** JUPITER 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY+ST+ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE ☐ Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY+ST-ZIP 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

SIGNATURE:

JOHN R. MARTIN

3/26/98

561.748-6100