**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # **F97000006506**

1. Corporation Name

THE CHASE SCOTMARTIN CORP.

						_					
Principal Place of Business Mailing Address								f (ABribh tira rain radii Abiir ar	)		
351 S US HWY 1		351 S US H	351 S US HWY 1				ì				
104		104	• • •					DO NOT WRITE IN THIS SPACE			
JUPITER FL 33477 US  JUPITER FL 33477 US  US							3. Date Incorporated or Qualifed				
00		ov.						12/10/1997			
2. Principal P	face of Business	2a, Mailing	2a. Mailing Address					4. FEI Number		Apr	olied For
21		26						11-2535083		Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.							\$8.75 A	
22		27	27					5. Certificate of Status Desired	- ▼	Fee Rec	quired
City & Stat	e	City & 5	City & State					6. Election Campaign Financing	70/	\$5.00 +	
23		28	28					Trust Fund Contribution	*	Added to	Fees
Zip	Country	Zip	Zip Cou			ountry		8. This corporation owes the cur	rent year Inta		
24	25	29	<del></del>					Personal Property Tax.	<u> </u>		□No
······································	9. Name and Address of Curre	nt Registered Ag	gent		81	Norro		10. Name and Address of New	kegisterea /	4gent	
741	C ICCEDEV D				0'	Name				•	
ZANE, JEFFREY P 701 NORTHPOINT PKWY. (STE. 330)					82	Street Address (P.O. Box Number is Not Acceptable)					)
	PALM BEACH FL 33407	<i>J</i> ,									
¥¥. F	ALM BLACITIE 33407				83						
					84	City			FL	85 Zip C	ode
	to the provisions of Sections 607.05		Et de Chabata					ation automite this statement for the		changing its I	registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section	607.0505, Flor	rida Stati	utes.				DATE OATE	nument as reg	jistereu
Signature, typed or printed name of registered agent and title if applicable. (NOTI  12. OFFICERS AND DIRECTORS					Registered Agent signature required			ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	PCST	14D DIRECTORS	DELETE	1.1 TI	TLE			7,00117011070114110110110110110110110110110110110110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	MARTIN, JOHN R			1.2 N							
STREET ADDRESS	-176-HELIOS DR APT 204					ADDRESS	91	160 SE ISLAND	WAY		
CITY-ST-ZIP	-JUPITER FL 33477	<del></del>			TY-\$1		3	160 SE ISLAND 1PITER, FL 33	458		
TITLE	DELETE				2.1 TITLE					☐ Change	Addition
NAME				2.2 N	AME	\					1
STREET ADDRESS				2.3 5	TREET	ADDRESS					
CITY-ST-ZIP					ITY-S						
TITLE			DELETE	3.1 Ti			-			— <del>[]</del> 6hange →	~ ☐ Addition
NAME				3.2 N	AME					~ 5.	
STREET ADORESS				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP				3.4. C	ITY-S	T- ZIP					
TITLE			☐ DELETE	4.1 17	πE					☐ Change	Addition
NAME				4, 2 N	AME						
STREET ADDRESS				4.3 S	TREET	ADDRESS					ľ
CITY-ST-ZIP				4.4 C	ITY-\$	T-ZIP					
TITLE			☐ DELETE	5.1 TI	TLE			•		☐ Change	☐ Addition
NAME				5.2 N	AME						
STREET ADDRESS				5.3 S	TREET	ADDRESS					
CITY-ST-ZIP				_	TY-S	T- ZIP					
TITLE			DELETE	6.1 TI		ĺ				☐ Change	Addition
NAME				62 N	AME	ļ					}
STREET ADDRESS				6.3 S	TREET	ADDRESS					ļ

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 chapted or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 02, 1999 8:00 am Secretary of State

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