

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90049 002 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F98000000256**

1. Corporation Name
CHANCELLOR OF FT. MYERS, INC.

Principal Place of Business 197 FIRST AVENUE NEEDHAM MA 02194	Mailing Address 197 FIRST AVENUE NEEDHAM MA 02194
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/15/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number APPLIED FOR 04-3404282	
City & State 23		City & State 28		Applied For <input type="checkbox"/> Not Applicable	
Zip 24		Country 25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 29		Country 30		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	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

FL

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOSMAN, ABRAHM D		1.2 NAME	
STREET ADDRESS 197 FIRST AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP NEEDHAM MA 02194		1.4 CITY-ST-ZIP 02494	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARY, JAMES M III		2.2 NAME	
STREET ADDRESS 197 FIRST AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP NEEDHAM MA 02194		2.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEATHERS, FREDERICK R		3.2 NAME	
STREET ADDRESS 197 FIRST AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP NEEDHAM MA 02194		3.4 CITY-ST-ZIP 02494	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VAS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZERMANI, RICHARD P		4.2 NAME	
STREET ADDRESS 197 FIRST AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP NEEDHAM MA 02194		4.4 CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> DELETE	5.1 TITLE VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JEFFREY P. NETERVAL		5.2 NAME	
STREET ADDRESS 197 FIRST AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP NEEDHAM, MA 02494		5.4 CITY-ST-ZIP NEEDHAM, MA 02494	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PAUL ZAYLOR		6.2 NAME	
STREET ADDRESS 197 FIRST AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP NEEDHAM, MA 02494		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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)