

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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G44675 (8)			
1. Corporation Name CHATSWOOD INVESTMENTS, INC.			
Principal Place of Business 6340 RATTLESNAKE HAMMOCK RD. NAPLES FL 33962		Mailing Address 6340 RATTLESNAKE HAMMOCK RD. NAPLES FL 34113-2905	
2. Principal Place of Business		3. Date Incorporated or Qualified 06/22/1983	
21		3a. Date of Last Report 04/10/1996	
22 Suite, Apt. #, etc.		4. FEI Number 59-2347019	
23 City & State		Applied For Not Applicable	
24 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
27			
28			
29			
30			
9. Name and Address of Current Registered Agent HILGER, EARL 6340-3 RATTLESNAKE HAMMOCK RD. NAPLES FL 33962		10. Name and Address of New Registered Agent	
		81 Name WILLIAM K GALLMAN JR	
		82 Street Address (P.O. Box Number is Not Acceptable) 4940 6th AVE SW	
		83	
		84 City NAPLES	
		85 Zip Code FL 34119	
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 WILLIAM K GALLMAN JR DATE 4/11/97			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME			
1.3 STREET ADDRESS 4940 6th AVE SW			
1.4 CITY - ST - ZIP NAPLES, FL 34119			
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 do 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 on an attachment with an address.			
SIGNATURE: WILLIAM K GALLMAN JR 4/11/97 455-5191 (941)			

CR2E034 (9/96)