

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUL -3 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H18346

(7)

1. Corporation Name

CHALET IV CORPORATION

Principal Place of Business

4000 S. 57TH AVE.
SUITE 204
GREENACRES FL 33463

Mailing Address

4000 S. 57TH AVE.
SUITE 204
GREENACRES FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1984

3a. Date of Last Report

02/03/1994

4. FEI Number

59-2444742

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation has liability for a change of law under 100,000,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPCO, INC.
2699 S. BAYSHORE DR.
SUITE 700A
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required when registering

DATE

12.

OFFICERS AND DIRECTORS

TITLE

DVP

NAME

ARMANIK, JAKOW

STREET ADDRESS

4000 S. 57TH AVE., #204
LAKE WORTH FL 33463-4307

CITY, ST, ZIP

TITLE

V

NAME

AUER, JOSEPH

STREET ADDRESS

4000 S. 57TH AVE., #204
LAKE WORTH FL 33463-4307

CITY, ST, ZIP

TITLE

S

NAME

WUTHERICH, MARLES

STREET ADDRESS

4000 S. 57TH AVE., #204
LAKE WORTH FL 33463-4307

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

REGISTERED AGENT, SECRETARY, AND TREASURER

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

ARMANIK

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

VS
WUTHERICH

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. ARMANIK, PRESIDENT

6/13/95 407-439-2800