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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **J05659** 1. Corporation Name

CHASTAIN & COMPANY, INC.

## Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90030 014 \*\*\*150.00

0111.0								
Principal Place	e of Business	Mailing Address						
12855 S.W., 136	STH AVE.	7275 SW 61ST						
207 MIAMI FL 33143				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33186 US US				Date Incorporated or Qualifed				
00					04/02/1986		{_	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Арр	lied For	_
21 /2855 SW136 AVE 26				59-27076 <u>32</u>	Not	Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A		
22 SU	ite 214	27			C. Commence of Canada Doubled	Fee Rec		
City & State		City & State			6. Election Campaign Financing	\$5.00	7	
23 Mia Mi , F/ 28			Country		Trust Fund Contribution Added to Fe			
Zip 24 33/	86 25 USA	Zip 29 30	Country		This corporation owes the current year l     Personal Property Tax.	ntangible ☐ Yes I	<b>≅</b> √√₀	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	d Agent		
			81	Name				
	STAIN, LEE V.		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	i S.W. 61ST ST Al FL 33143		83					
Nation	W 1 E 00 1-40							
			84	City	E	85 Zip C		_
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of mifamiliar with, and computine obligati	2 and 607.1508, Florida Statutes, of Florida. Such change was autho ions of, Section 607.0505, Florida	the above orized by Statutes	e-named corporation.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its i	registered istered	
SIGNATURE	Cur () Contan	v ~	_			77		_
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	_		red when reinstating)  ADDITIONS/CHANGES TO OFFICERS			(00)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: Reg	istered Agen		red when reinstating) DATE			(44,00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: Reg D DIRECTORS	13.		red when reinstating) DATE	AND DIRECTOR	RS IN 12	(44,00)
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SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI DP CHASTAIN, LEE V. 7275 S.W. 61ST ST	t and title if applicable. (NOTE: Reg D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requir	red when reinstating) DATE	AND DIRECTOR	RS IN 12	(44/00)
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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 carporation 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: