

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

APPROVED
AND
FILED

99 JAN -4 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J10993

1. Corporation Name

SMITH-GILCHRIST, P.A.

Principal Place of Business

1423 N. DUVAL ST.
TALLAHASSEE FL 32303

Mailing Address

1423 N. DUVAL ST.
TALLAHASSEE FL 32303

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 1230 North Adams St.

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/24/1986

4. FEI Number

59-2635881

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

GILCHRIST, HILDA G.
1423 N. DUVAL ST.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
GILCHRIST, HILDA G.
1423 N. DUVAL ST.
TALLAHASSEE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1230 N. Adams Street

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

800002729088--3

-01/04/99--01077--001

*****8.75 *****8.75

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

800002729088--3

-01/04/99--01067--002

*****150.00 *****150.00

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/99 (850) 224-5711

CR2E034 (11/98)

005084

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

99 JAN -4 PM 3:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F97000000382

1. Corporation Name

CHALJET 1021 HOLDINGS INC.

Principal Place of Business	Mailing Address
5500 NW 21ST TERR., HANGAR 17 FT. LAUDERDALE EXECUTIVE AIRPORT FT. LAUDERDALE FL 33309	5500 NW 21ST TERR., HANGAR 17 FT. LAUDERDALE EXECUTIVE AIRPORT FT. LAUDERDALE FL 33309



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 5340 N.W. 21st Avenue,		3. New Mailing Office Address, If Applicable 5340 N.W. 21st Avenue,		4. Date Incorporated or Qualified To Do Business in Florida 01/23/1997	
Suite, Apt. #, etc. Building 60		Suite, Apt. #, etc. Building 60		5. FEI Number 65-0744620	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		Applied For Not Applicable	
Zip 33309	Country U.S.A.	Zip 33309	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BRENKUS, SHARLENE	Suite 309 2200 West Commercial Blvd.	MIAMI FL 33128 Fort Lauderdale, FL 33309
P	ELLIS, BARRY	5500 NW 21ST TERR., HANGAR 17 5340 NW 21st Ave., Bldg. 60	FT. LAUDERDALE FL 33309
ST	CAROE, LAURENCE C	2085 HURONTARIO ST., STE. 200	MISSISSAUGA, ONTARIO L5A 4G1
			400002730944--8 -01/05/99--01086--006 ***150.00 ***150.00
			1/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELLIS, BARRY
 5500 NW 21ST TERR., HANGAR 17
 FT. LAUDERDALE EXECUTIVE AIRPORT
 FT. LAUDERDALE FL 33309

Name
 ELLIS, Barry
 Street Address (P.O. Box Number is Not Acceptable)
 5340 N.W. 21st Avenue,
 Suite, Apt. #, Etc.
 Building 60,
 City
 Fort Lauderdale
 State
 FL
 Zip Code
 33309

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date December 22, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Laurence Caroe Secretary December 22/98 (905) 803-8898
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR20040 (9/98)