

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mouton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:07

DOCUMENT # J11190

(2)

1. Corporation Name

C.G. CHASE CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

% DONALD S. ROSENBERG
1 SE 3RD AVE SUITE 2600
MIAMI FL 33131
US

% DONALD S. ROSENBERG
1 SE 3RD AVE SUITE 2600
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1986

3a. Date of Last Report

02/03/1994

4. FEI Number

59-2672540

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

X

Yes

No

2. Principal Place of Business

2a. Mailing Address

21. 8491 N.W. 17 Street

26. P.O. Box 523220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. #101

27.

City & State

City & State

23. Miami, Florida

28. Miami, Florida

Zip

Country

Zip

33152-3220

Country

Dade

24. 33126

25. Dade

29.

30.

Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBERG, DONALD S.
ONE S.E. THIRD AVE.
SUITE 2600
MIAMI FL 33131

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 name of registered agent and title if applicable)

(Typed Name of Registered Agent Signature Required When Applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

CHASE, CLARENCE G.

STREET ADDRESS

9748 SW 108TH TERR

CITY, ST, ZIP

MIAMI FL

TITLE

VPD

NAME

JOHNS, STEVEN L.

STREET ADDRESS

15921 ABERDEEN WAY

CITY, ST, ZIP

MIAMI LAKES FL

TITLE

ST

NAME

BENDLER, DELL LEE

STREET ADDRESS

2561 N.E. 185 STREET

CITY, ST, ZIP

N. MIAMI BEACH 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

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven L. Johns

2/9/95

305-597-8700

Date

Telephone Number