**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **J46990**

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

THE CHANIN COMPANY

			_				
Principal Place of Business Mailing Address							
C/O GERALD M CHANIN		C/O GERALD M CHANIN					
211 E 70TH ST. SUITE 14A 211 E 70TH ST. SUITE 14 NEW YORK NY 10021 NEW YORK NY 10021					DO NOT WRITE IN THIS SPACE		
NEW TORK NI TORY					3. Date Incorporated or Qualifed		
					12/15/1986		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Ap	plied For
21		26		59-2748706		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	
22		27			Fee Re	<u> </u>	
City & Stat	ie	City & State		6. Election Campaign Financing	- \$5.00		
23		28	Country		Trust Fund Contribution	Added t	o rees
Zip	Country	— · — —	Country		<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	r intangible ☐ Yes	□No
24	9. Name and Address of Curren	29 30			10. Name and Address of New Register		
	9. Name and Address of Curren	it Kegistered Agent	81	Name	Jo. Hamo and your services		
VOGLER II, EDWARD							
BLALOCK, LANDERS, WALTERS & VOGLER P.A.			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
802 11TH ST W							
BRADENTON 34205							
			84 City		ı	FL 85 Zip (	Code
SIGNATURE	Signature, typed or printed name of registered age	nt and title of applicable. (NOTE: Regi	stered Agel	t signature require	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DRS IN 12
TITLE	DPS OFFICERS AN		1.1 TITLE		ADDITIONO. PRINCIPLE TO CONTRACT	☐ Change	☐ Addition
NAME	CHANIN, GERALD M.	<u></u>	1.2 NAME				ĺ
STREET ADDRESS	ALL E TOTAL OT		1.3 STREE	ADDRESS			
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-S				
TITLE	NEW YORK W	☐ DELETE	2.1 TITLE	-		Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE		, water as as	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	T-ZIP			
TITLE		☐ DELETE	4,1 TITLE			Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS	4			F ADDRESS			
CITY-ST-ZIP			4.4 CITY- S	T-ZIP			Maditio-
TITLE	1	☐ DELETE	5.1 TITLE			Change	Addition
NAME	İ	ļ	5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		C DELETE	5.4 CITY-S 6.1 TITLE	1-217	· Janate Correct	☐ Change	Addition
TITLE			6.2 NAME			onenge	
MAME	I .		U.Z IWWE				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

MARCH 16, 1999

Mar 22, 1999 8:00 am Secretary of State

**FILED** 

03-22-1999 90140 018 \*\*\*150.00