

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

FILED
Sep 15 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **J61140** (6)
1. Corporation Name
CHANTELLE, INC.



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| Principal Place of Business 7050 W. PALMETTO PARK RD. SUITE 38 BOCA RATON FL 33433 US | Mailing Address 7050 W. PALMETTO PARK RD. SUITE 38 BOCA RATON FL 33433-3463 US |
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|--|--|---|--|---|--|
| 2. Principal Place of Business 21 230 LOCK RD Suite, Apt. #, etc. | | 2a. Mailing Address 26 230 LOCK RD Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 03/10/1987 | 3a. Date of Last Report 08/06/1996 |
| 22 City & State DEERFIELD BEACH, FL | | 27 City & State DEERFIELD BEACH, FL | | 4. FEI Number 65-0001396 | Applied For Not Applicable |
| 23 Zip 33442 | | 28 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 33442 | | 25 USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 26 33442 | | 27 USA | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|---|--|
| 9. Name and Address of Current Registered Agent TEITELBAUM, JOEL 4100 GLADES ROAD, SUITE 210 230 LOCK RD BOCA RATON FL 33434 DEERFIELD BEACH, FL 33442 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| 85 Zip Code | | FL | |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PTSD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TEITELBAUM, JOEL | 1.2 NAME | |
| STREET ADDRESS | 7050 W. PALMETTO PARK RD., STE. 38 | 1.3 STREET ADDRESS | 230 LOCK RD |
| CITY-ST-ZIP | BOCA RATON FL | 1.4 CITY-ST-ZIP | DEERFIELD BEACH, FL |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE _____
TEITELBAUM, JOEL 9.9.97 (954) 480-2818

CR2E034 (9/96)