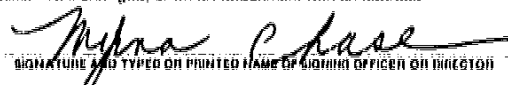


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 MAR 27 AM 10:24	
DOCUMENT # J81039 (6) 1. Corporation Name NAME CHASERS, INC.					
Principal Place of Business 7350 W. COMMERCIAL BLVD. LAUDERHILL FL 33319 US			Mailing Address 1860 NW 107 TERRACE CORAL SPRINGS FL 33071 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/06/1987	
Suite Apt # etc 22		Suite Apt # etc 27		3a. Date of Last Report 04/15/1994	
City & State 23		City & State 28		4. FEI Number 65-0050992	
Zip 24		Country 25		Applied For Not Applicable	
Zip 29		Country 30		5. Certificate of Status Desired ☐ \$9.75 Additional Fee Required	
9. Name and Address of Current Registered Agent CHASE, MYRNA 1860 NW 107 TERRACE CORAL SPRINGS FL 33071		10. Name and Address of New Registered Agent			
		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
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.		84 City			
12. SIGNATURE Signature (typed or printed name of registered agent and title if applicable)		85 Zip Code FL			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PSD	NAME CHASE, MYRNA	11 TITLE	☐ Change ☐ Addition		
STREET ADDRESS 1860 NW 107 TERRACE	12 NAME	13 STREET ADDRESS	☐ Change ☐ Addition		
CITY ST ZIP CORAL SPRINGS FL	14 CITY ST ZIP	21 TITLE	☐ Change ☐ Addition		
TITLE	22 NAME	23 STREET ADDRESS	☐ Change ☐ Addition		
NAME	24 CITY ST ZIP	31 TITLE	☐ Change ☐ Addition		
STREET ADDRESS	32 NAME	33 STREET ADDRESS	☐ Change ☐ Addition		
CITY ST ZIP	34 CITY ST ZIP	41 TITLE	☐ Change ☐ Addition		
TITLE	42 NAME	43 STREET ADDRESS	☐ Change ☐ Addition		
NAME	44 CITY ST ZIP	51 TITLE	☐ Change ☐ Addition		
STREET ADDRESS	52 NAME	53 STREET ADDRESS	☐ Change ☐ Addition		
CITY ST ZIP	54 CITY ST ZIP	61 TITLE	☐ Change ☐ Addition		
TITLE	62 NAME	63 STREET ADDRESS	☐ Change ☐ Addition		
NAME	64 CITY ST ZIP				
STREET ADDRESS					
CITY ST ZIP					
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					