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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K12066

CHASE CHARTER, INC.

(2)

FILED May 08 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						1				
1802 S.W. BAYSHORE BLVD 1802 S.W. BAYSHORE BLVI										
PORT ST. LU	CIE FL 34984	PORT ST. LUCIE FL 3498	ORT ST. LUCIE FL 34984							
							DO NOT WRITE IN THIS SPA	ICE.		
						3.	Date Incorporated or Qualified 01/13/1988			
9 Principal P	lace of Business	2a. Mailing Address				-			A No of Page	
	Ido Of Dusiness	<u>├</u>				4. FEI Number 65-0026522			Applied For	
Suite, Apt.	# Ato	Suite, Apt. #, etc.				₩-	· · · · · · · · · · · · · · · · · · ·		Not Applicable	
22	π, Q (0.	27				5.	Certificate of Status Desired		5 Additional Required	
City & State		City & State				+-	Floring Co. 11 Floring		<u>_</u>	
23		28				ъ.	Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees	
Zip	Country	Zip Country				-	This corporation owes or has paid the curren			
24	25	<u> </u>	30	•		٠.	Personal Property Tax due June 30.	,	No No	
	9. Name and Address of Current					10.	Name and Address of New Registered Age			
ES	PENSCHIED, FRED		8	11	Name					
	2 S.W. BAYSHORE BLVD		-							
	RT ST. LUCIE FL 34984		8	2	Street Addre	ss (P	P.O. Box Number is Not Acceptable)			
1 0111 011 20012 12 01001			8	83			···			
			L	4	,					
			8	4	City		FL	35 Z	ip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statute	es, the abo	ve-	-named corpo	ratio	on submits this statement for the purpose of ch	angin	g its registered	
office or re agent. I a:	egiste red agent, or both, in the State om fam iliar with, and accept the obliga	ol Florida. Such change was a lions of, Section 607,0505. Flo	iuthorized l irida Statut	by as.	the corporation	on's b	board of directors. I hereby accept the appoin	ment	as registered	
SIGNATURE										
	Signature typod or printed name of registered agen	and title if applicable (NOTE	Registered A	lg en	nt signature required	d when	n reinstaling) DATE			
12.	OFFICERS AND		13.			,	ADDITIONS/CHANGES TO OFFICERS AND D	RECT	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE					Chang	e 🔲 Addition	
NAME	ESPENSCHIED, FRED		1.2 NAM	1.2 NAME						
STREET ADDRESS	STREET ADDRESS 1802 S.W. BAYSHORE BLVD		1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP						j	
TITLE	☐ DELETE 2.1.1							Chang	e 🔲 Addition	
NAME	2.2		2.2 NAM	2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRE		ADDRESS					
CITY-ST-ZIP			2.4 CITY-ST-ZIP		í - ZIP				ı	
TITLE		☐ DELETE	3.1 TITLE					Chang	e 🔲 Addition	
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP			3.4 CITY	- ST	(-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	e 🔲 Addition	
NAME			4. 2 NAM	IE						
STREET ADDRESS			4.3 STRE	ET A	ADDRESS				ļ	
CITY-ST-ZIP			4.4 CITY	- 51-	- ZIP				ļ	
TITLE			5 1 TITLE					Change	e	
NAME			5.2 NAM	E						
STREET ADDRESS			5 3 STAE	ET A	ODRESS					
CITY-ST-ZIP			5.4 CITY	-sr-	- ZIP					
TITLE		☐ DELET E	61 TITLE					Change	e 🔲 Addition	
NAME			6.2 NAM	E						
STREET ADDRESS			6.3 STRE	ET A	IDORESS					
CITY OF 74D			C 4 CITH		740					

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.