

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 7:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K37223

(0)

1. Corporation Name

CHAKLER, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**% JEAN CHAKLER
9683 KNIGHTS BRIDGE CIRCLE
SARASOTA FL 34238**

Mailing Address
**4411 BEE RIDGE ROAD
SUITE 183
SARASOTA FL 34233
US**

3. Date Incorporated or Qualified **10/07/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0076165** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country

2a. Mailing Address
26 Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country

9. Name and Address of Current Registered Agent

**CHAKLER, JEAN
9683 KNIGHTS BRIDGE CIRCLE
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHAKLER, SYLVAN
STREET ADDRESS	9683 KNIGHTS BRIDGE CIRCLE
CITY - ST - ZIP	SARASOTA FL
TITLE	ST
NAME	CHAKLER, JEAN
STREET ADDRESS	9683 KNIGHTS BRIDGE CIRCLE
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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

Sylvan Chakler

Signature typed or printed name of signing officer or director

**SYLVAN CHAKLER
PRESIDENT**

Date

4-24-95 (813) 966-5593

Signature / Print Name