FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # K37223 (0)

1. Corporation Name
CHAKLER, INC.

Principal Place of Business	Mailing Address
% JEAN CHAKLER 9683 KNIGHTS BRIDGE CIRCLE SARASOTA FL 34238	9683 KNIGHTSBRIDGE CIRCLE SUITE 183 SARASOTA FL 34238 US

3. Date Incorporated or Qualified: 10/07/1988
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21 4012 JARDIN LANE
Suite, Apt. #, etc. 22 —
City & State 23 SARASOTA, FL. 34238
Zip 24 34238 Country 25 US

2a. Mailing Address
26 4012 JARDIN LANE
Suite, Apt. #, etc. 27 —
City & State 28 SARASOTA, FLORIDA
Zip 29 34238 Country 30 US

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

9. Name and Address of Current Registered Agent

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

4012 Jardin Lane
Sarasota, FL
34238

10. Name and Address of New Registered Agent

81 Name: JEAN CHAKLER
82 Street Address (P.O. Box Number is Not Acceptable): 4012 JARDIN LANE
83
84 City: SARASOTA FL 85 Zip Code: 34238

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~CHAKLER, SYLVAN~~ ~~9683 KNIGHTS BRIDGE CIRCLE~~ ~~SARASOTA FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 4012 Jardin Lane Sarasota, FL 34238
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ~~CHAKLER, JEAN~~ ~~9683 KNIGHTS BRIDGE CIRCLE~~ ~~SARASOTA FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 4012 Jardin Lane Sarasota, FL 34238
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 4/30/96 (941) 966-5593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

~~SYLVAN CHAKLER~~