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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. CHAKLE		# K3722	23 ((O)			I KODIONI ODBININ JEDIO NICIO NICIO NICIO	il ardil efeki s	1011 01011 01011 T	HANI MARI
Principal Place of Business 4012 JARDIN LANE SARASOTA FL 34238			4012 JARDIN	Mailing Address 4012 JARDIN LANE SARASOTA FL 34238-4503						
US	34230		US	L 04200-4300		•	3. Date Incorporated or Qualified 10/07/1988		ate of Last Ro 01/1996	eport
2. Principal P	lace of Busin	ness	2a. Mailing A	28. Mailing Address			4. FEI Number	00/0		plied For
21			26				65-0076165			l Applicable
Sulte, Apt.	#, etc.		├ ~─┐	Suite, Apl. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State	10		27 City 8 St	City & State					Fee Re	<u> </u>
23			<u>⊢</u> ¬ ′	28			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country		Zip				8. This corporation has liability for		tax under s.	
24	25		29				TIOTETH CITATION		X) No	
CUA			rrent Registered Age	int	81	Name	10. Name and Address of New R	egistered /	Agent	
CHAKLER, JEAN 4012 JARDIN LANE										· -···
SARASOTA FL 34238				82 Street Ad			dress (P.O. Box Number is Not Accepta	ible)		
		- 1			83					····
					84	City			85 Zip C	Dode
			0500 1007 4500 5					<u>FL</u>	<u> </u>	
office or a	to the provisi registered ag am familiar wi	ions of Sections 607. jent, or both, in the S th. and accept the ol	tate of Florida. Such c bligations of Section (hange was a 607.0505. Flo	es, the above authorized by orida Statutes	e-named col the corpora s.	poration submits this statement for the ation's board of directors, I hereby acceptions	purpose or apt the app	changing its ointment as r	registered registered
SIGNATURE										
12,	Signature, typed		AND DIRECTORS	(NOTE	Hogistered Age	nt signature requ	Pred whon reinstaling) ADDITIONS/CHANGES TO OFFI	DATE ICEBS AND	DIRECTOR:	S IN 12
TITLE	PD	017702110		DELETE			TIDS. TOTAL VIGEO TO STATE	<u>QENOTHIE</u>	Change	Addition
NAME		i, sylvan			1.2 NAME					
STREET ADDRESS	4012 JAR				ADDRESS					
CITY-ST-ZIP	SARASO1	IA FL	· · · · · · · · · · · · · · · · · · ·	DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP			Change	- I delitor
TITLE NAME	CHAKLER	.IFAN	L	_					L Change	
STREET ADDRESS		DIN LANE			2.2 NAME 2.3 STREET	ADDRESS				
CITY-ST-ZIP	SARASOT	TA FL			2 4 CITY-5	j				
TITLE			L	DELETE	3 1 TITLE				Change	Addition
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREET					
CITY-ST-ZIP TITLE				DELETE	3,4. CHY-5	51 - ZIP			Change	Addition
NAME			_	-	4, 2 NAME	}				
STREET ADDRESS					4,3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 CITY-S	I - ZIP				
TITLE	{			DELETE	5 1 THLE				Change	☐ Addition
NAME PERCENT ADDRESS					5.2 NAME	ADDDCO0				
STREET ADDRESS CITY-ST-ZIP					5.3 STREET 5.4 CITY - S					
TITLE	 -		<u> </u>	DELETE	6.1 HILE	1 411			Change	Addition
NAME	}				6.2 NAME	l				
STREET ADDRESS					6.3 STREET	ADDRESS				
CITY-ST-ZIP	l .				6.4 CITY - S	T · ZIP				ļ

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.