FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -2 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K38815 (2)

1. Corporation Name

CHAPS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% JOSEPH R. BUCHANAN, ESQ 777 BRICKELL AVE/900 SUN BANK BLDG MIAMI FL 33131	% JOSEPH R. BUCHANAN, ESQ 777 BRICKELL AVE/900 SUN BANK BLDG MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/13/1988

3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number: 65-0093727 ☐ 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

BUCHANAN, JOSEPH R., ESQ.
777 BRICKELL AVE.
900 SUN BANK BLS DG.
MIAMI FL 33131

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 Joseph R Buchanan Joseph R Buchanan 2/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Print Name And Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	CRONIN, MICHAEL B.	1.2 NAME	CRONIN, MICHAEL B	
STREET ADDRESS	18376 DRIGGERS AVE.	1.3 STREET ADDRESS	23465 HARBOR VIEW RD	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	HINCHEY, PAUL P.	2.2 NAME		
STREET ADDRESS	24TH EAST 50	2.3 STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	MINOR, ALLEN C.	3.2 NAME		
STREET ADDRESS	130 JONSLEA LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MOSCOW PA	3.4 CITY-ST-ZIP		
TITLE	VPD	4.1 TITLE		☐ Change ☐ Addition
NAME	PONTICELLI, ROBERT	4.2 NAME		
STREET ADDRESS	416 EXUME CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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.

SIGNATURE: Robert Ponticelli ROBERT PONTICELLI 2/27/95 813-575-2641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0120660 CP