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Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90133 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K48699

CHRYSALIS MANAGEMENT CORPORATION

Principal Place	of Business	Mailing Address				i 1011 Athus Aibis Biais Ashis A	1011 61011 1003
•	KY KORINS & SIGER	% ESANU KATSKY KORIN	S & SIGER				
605 THIRD AVE.		605 THIRD AVE.		DO 1107 14/0/T			
NEW YORK NY 10158 NEW YOR		NEW YORK NY 10158	W YORK NY 10158		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 12/02/1988		
A 5 :	(Duning and	On Mailing Address			4. FEI Number	Δn	plied For
	ace of Business	2a. Mailing Address			65-0090123	 _	t Applicable
21	# _1_	Suite, Apt, #, etc.	·····		05-0090125	\$8.75 /	
Suite, Apt.	#, etc.	⊢			5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	<u>\$5.00</u>	
- 1	5	28			Trust Fund Contribution	Added 1	-
Zip	Country	Zip	Countr		8. This corporation owes the currer		
24	25	29	30	•	Personal Property Tax.	☐Yes	MNo
24	9. Name and Address of Curre		1001		10. Name and Address of New Re	gistered Agent	
		<u> </u>	81	Name			
CT C	ORPORATION SYSTEM		_		ress (P.O. Box Number is Not Acceptab	la)	
1200 S. PINE ISLAND ROAD			82	Street Addr	ess (P.O. Box Number is Not Acceptab	iej	i
PLAN	ITATION FL 33324		83	3	•		
			84	City		85 Zip 0	Code
			}	,		FL	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above	ve-named corp	poration submits this statement for the pon's board of directors. I hereby accept	urpose of changing its the appointment as re	registered aistered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statute	S.	bird board or directors. The topy descript		•
SIGNATURE							
	Signature, typed or printed name of registered ag-			ent signature require		DATE	NDC IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		JKS IN 12
TITLE	Р	(I DELETE				l l Change	☐ Addition
	•	☐ DELETE	1,1 TITLE			☐ Change	Addition
NAME	ESANU, WARREN H.	∐ DELETE	1,2 NAME	<u> </u>		∐ Change	Addition
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SIGNATURE:

CITY-ST-ZIP

SIGNAPORE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LIDER

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 supplementa 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, with all other like empowered.