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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K50767

MARC J. CHAMBERLAND, P.A.

(8)

FILED Mar 10 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1112 WESSON ROAD 16224 OPAG CREEK DRIVE FORT LAUDERDALE FL 33331 SUITE 221 FORT LAUDERDALE FL 33326-1915 3a. Date of Last Report 3. Date incorporated or Qualified 12/12/1988 04/16/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 11/2 WESTON ROAD 65-0100382 21 /6224 OPAL CREEK DRIVE Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zio Country Zip This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHAMBERLAND, MARC 16224 OPAL CREEK DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33331 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stojustovi. Typica ci projekt nanic of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DPTS Change Addition DELETE 1.17TEF TILLE CHAMBERLAND, MARC 1.2 NAME NAME 16224 OPAC CRREK DRIVE 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE F CITY - S1 - 7IP 1.4 CITY - ST - ZIP DELETE Change ___ Addition 2.1 TITLE 307.6 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CHTY - ST - ZIP COLY - ST - ZIP DELETE Change Addition THE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C(T) - S1 - 7(E) Change Addition DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY- \$1-2IP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-\$T-ZIP CITY - ST - ZIP DELETE ☐ Change Addition Tifu{ 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADORESS 6.4 CITY - ST - ZIP CITY - ST- ZIE

SIGNATURE:

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

Table in Section 1.19.07 (3)(i), Florida Statutes, I furner 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.