

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K71338

(3)

1. Corporation Name

CHAMBERLAIN CONCEPTS, INC.



Principal Place of Business

Mailing Address

1433 GULF-TO-BAY BLVD., SUITE E
CLEARWATER FL 34615

1433 GULF-TO-BAY BLVD., SUITE E
CLEARWATER FL 34615

3. Date Incorporated or Qualified

03/01/1989

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

21 3118 GULF TO BAY BLVD

Suite, Apt. #, etc.

22 STE 103

City & State

23 CLEARWATER FL

Zip

24 34619

Country

25 USA

2a. Mailing Address

26 PO Box 4812

Suite, Apt. #, etc.

27

City & State

28 CLEARWATER, FL

Zip

29 34618

Country

30 USA

4. FEI Number

59-2933891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

MERTA, MARY J.
1433 GULF-TO-BAY BLVD.
SUITE E
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2692 CEDARGLEN DRIVE

83

84 City DUNEDIN

FL

85 Zip Code

34698

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Mary J. Merta

NOTE: Registered Agent Signature required when changing

5/23/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
MERTA, MARY J.
STREET ADDRESS 1433 GULF-TO-BAY BLVD
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2692 CEDARGLEN DRIVE
1.4 CITY-ST-ZIP DUNEDIN FL 34698

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 in an attachment with an address.

SIGNATURE:

Mary J. Merta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/96

813/797 3400

CR2E034 (12/95)