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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90230 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K81139**

1. Corporation Name
CHELSEA PROPERTIES, INC.



Principal Place of Business
 29656 US 19 NO
 STE 100
 CLEARWATER FL 33761
 US

Mailing Address
 29656 US 19 NO
 STE 100
 CLEARWATER FL 33761
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/17/1989

4. FEI Number
59-2973442

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent
MINIERI, CARL N.
29656 US 19 NO, STE 100
CLEARWATER FL 33761

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | MINIERI, CARL N | |
| STREET ADDRESS | 29656 US 19 NO, STE 100 | |
| CITY-ST-ZIP | CLEARWATER FL 33761 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | MINIERI, RICHARD | |
| STREET ADDRESS | 29656 US 19 NO, STE 100 | |
| CITY-ST-ZIP | CLEARWATER FL 33761 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MINIERI, CARL | |
| STREET ADDRESS | 29656 US 19 NO, STE 100 | |
| CITY-ST-ZIP | CLEARWATER FL 33761 | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | ROTUNNO, DOROTHY | |
| STREET ADDRESS | 29656 US HWY 19 N. 100 | |
| CITY-ST-ZIP | CLEARWATER FL 33761 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------------|--|
| 1.1 TITLE | PRESIDENT & DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | CARL A. MINIERI | |
| 1.3 STREET ADDRESS | 29656 U.S. HWY. 19 NORTH, STE. 100 | |
| 1.4 CITY-ST-ZIP | CLEARWATER, FL 33761 | |
| 2.1 TITLE | VICE-PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MICHAEL L. GENTILE | |
| 2.3 STREET ADDRESS | 29656 U.S. HWY. 19 NORTH, STE. 100 | |
| 2.4 CITY-ST-ZIP | CLEARWATER, FL 33761 | |
| 3.1 TITLE | SECRETARY/TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | PHILLIP ALLMAN | |
| 3.3 STREET ADDRESS | 29656 U.S. HWY. 19 NORTH, STE. 100 | |
| 3.4 CITY-ST-ZIP | CLEARWATER, FL 33761 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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 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, with all other like empowered.

SIGNATURE: *Carl N. Minieri* - Puccs. 4/21/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)