FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

CHABOT ENTERPRISES, INC.

FILED Apr 16 1998 8:00am Secretary of State



						(8% E1011 0101) 0101% E18% 01011 1001
Principal Place of Business Mailing Address						
% LEE CHABOT % LEE CHABOT						
5135 S.E. MANATEE TERRACE STUART FL 34997		5135 S.E. MANATEE TERRACE STUART FL 34997			DO NOT WRITE IN THIS SPACE	
SIQANI IL S	1001	Of Oracle Te of Other			3. Date Incorporated or Qualified	
					04/24/1989	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0124240	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional
22		27			6. Certificate of diatos Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country			Added to Fees
24	25	29 3			 This corporation owes or has paid Personal Property Tax due June 30 	Break
<u> </u>	g. Name and Address of Curre		01		10. Name and Address of New Regis	
CHABOT, LEE A. 5135 S.E. MANATEE TERRACE				ame		
				trant Adden	on (D.O. Boy Number in Not Accontable)	
STUART FL 34997			82 Street Address (P.O. Box Number is Not Acceptable)			
			83			
			84 C	ity		85 Zip Code
				n(y		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	J2 and 607.1508, Florida Statutes	the above-na	amed corpo	ration submits this statement for the purp	pose of changing its registered
agent. I a	m familiar with, and accept the oblig	jations of, Section 607.0505, Flori	da Statutes.	a corporatio	on's board of directors. I hereby accept t	ne appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE F ID DIRECTORS	Registered Agent sig	gnature required		DATE
12. TITLE	D OFFICERS AN	DELETE	1.1 TITLE	T	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	CHABOT, LEE A.		1.2 NAME			
STREET ADDRESS	5135 S.E. MANATEE TERR		1.3 STREET ADD	RESS		
CITY-ST-ZIP	STUART FL		1.4 CITY - ST - ZIF	1		
TITLE	D	☐ DELETE	21 TITLE			Change Addition
NAME	CHABOT, DOLLY		2.2 NAME			
STREET ADDRESS	5135 S.E. MANATEE TERR		2.3 STREET ADD	ress		
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZI	IP		
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			32 NAME			
STREET ADDRESS			3 3 STREET ADD			
CITY-ST-ZIP		DELETE	3 4. CHTY - ST - ZIP			Change Addition
TITLE		רון מבנגוב .	4 1 TITLE			FT CHANGE FT MODITOR
NAME .			4. 2 NAME 4.3 STREET ADD	асее		
STREET ADDRESS CITY-ST-ZIP			4.4 City-St-Zie			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADD	RESS		
CITY-ST-ZIP			5.4 City-St-Zif	i		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME		_	6.2 NAME			
STREET ADDRESS			6.3 STREET ADD	AESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIF	1		
	artifuthat the information aurabad u	with this filling does not qualify for	the evention		action 110 07/3Vi) Florida Statutes I fur	ther certify that the information

indicated on this annual report or supplied with this ning coes not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this 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.