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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51885

CHALET VALET INC

(0

FILED Apr 17 1997 8:00am Secretary of State

tricipal Place of Business Mailing Address 86 HERSCHEL ST 3986 HERSCHEL ST CKSONVILLE FL 32205 JACKSONVILLE FL 32205-9281					Date Incorporated or Qualifier		ate of Last		
						02/19/1990	١ .	25/1996	
. Principal F	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
	[26]					59-2993794			Not Applicabl
Scite Apt #, etc Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 Additiona Fee Required	
		City & State	state			6. Election Campaign Financing		\$5.00 May Be	
]		28				Trust Fund Contribution			to Fees
zip a	Country	Zip	Cour	itry		8. This corporation has liability for			s. 199.032,
<u> </u>	25	29	30			Florida Statutes	Yes		
	9, Name and Address of C	urrent Registered Agent		81 Nam		10. Name and Address of New	Registered	Agent	
	INEDY, ALISON D.		[or wan					
	Water St. Te 900		ſ	62 Stree	et Addre	ss (P.O. Box Number is Not Accept	table)		
	KSONVILLE FL 32202		Ì	83		······································			
JAC.	NOOTTILL I'L OPEOL		Ĺ						
			1	64 City			FL	85 Zip	Code
1. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Stat	lutes, the ab	ove-name	ed corpo	pration submits this statement for the on's board of directors, I hereby acc	e purpose o	of changing	its registere
ignature	Sogn Sot registe	ord agret and title if applicable) (N	OTE: Registered			d when reinstating)	DATE		
SIGNATURE	Sogn Sot registe			Agent signat	ure require		DATE		DRS IN 12
nGNATURE 2.	Super Action Officer	red agent and title if applicable (N S AND DIRECTORS	OTE: Registøred	Agent signat	ure require	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	DRS IN 12
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name according to the same report of supplemental armula report is true and according that my signature shall have the same regal effect as it made under of 1 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 years good, or on an attachment with an address.