

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shedra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L54268** (2)

1. Corporation Name

CHAPEL TRAIL WEST, INC.



Principal Place of Business

2665 SOUTH BAYSHORE DRIVE
SUITE M-103
COCONUT GROVE FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE
SUITE M-103
COCONUT GROVE FL 33133

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

**GARS, IRWIN S.
2665 SOUTH BAYSHORE DR.
SUITE M103
COCONUT GROVE FL 33133**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/28/1990

3a. Date of Last Report

03/16/1995

4. FEI Number

65-0198471

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of the person filing this report

Signature of the person filing this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/>	DELETE
NAME	GARS, IRWIN S.		
STREET ADDRESS	2665 SOUTH BAYSHORE DR		
CITY, ST, ZIP	COCONUT GROVE FL		
TITLE	VD	<input type="checkbox"/>	DELETE
NAME	ROGATENSKY, BEN		
STREET ADDRESS	2665 SOUTH BAYSHORE DR		
CITY, ST, ZIP	COCONUT GROVE FL		
TITLE	STD	<input type="checkbox"/>	DELETE
NAME	DIXON, ROBERT		
STREET ADDRESS	2665 SOUTH BAYSHORE DR		
CITY, ST, ZIP	COCONUT GROVE FL		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

13.

14	15	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
16	17	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
18	19	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
20	21	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
22	23	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
24	25	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
26	27	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
28	29	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
30	31	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
32	33	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
34	35	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
36	37	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
38	39	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
40	41	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition

14. I, the undersigned, certify that the information supplied in this report is true and correct and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation, I am authorized or 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 a statement with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irwin S. Gars President

3/25/96 305-854-0666

CR2E034 (12/95)