

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L54268 (2)

1. Corporation Name
CHAPEL TRAIL WEST, INC.



Principal Place of Business 2065 SOUTH BAYSHORE DRIVE SUITE M-105 COCONUT GROVE FL 33133	Mailing Address 2065 SOUTH BAYSHORE DRIVE SUITE M-105 COCONUT GROVE FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3225 AVIATION AVE Suite, Apt. #, etc. 22 SUITE 700 City & State 23 COCONUT GROVE FL Zip 24 33133		2a. Mailing Address 26 3225 AVIATION AVE Suite, Apt. #, etc. 27 SUITE 700 City & State 28 COCONUT GROVE, FL Zip 29 33133		3. Date Incorporated or Qualified 02/28/1990		4. FEI Number 65-0198471		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent GARS, IRWIN S. 2065 SOUTH BAYSHORE DR. SUITE M-105 COCONUT GROVE FL 33133				10. Name and Address of New Registered Agent 81 Name GARS, Irwin S. 82 Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVE 83 SUITE 700 84 City COCONUT GROVE FL 85 Zip Code 33133			
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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: *Irwin S. Gars* **4/16/98**
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARS, IRWIN S.		1.2 NAME GARS, Irwin S.	
STREET ADDRESS 2065 SOUTH BAYSHORE DR		1.3 STREET ADDRESS 3225 AVIATION AVE, STE 700	
CITY-ST-ZIP COCONUT GROVE FL		1.4 CITY-ST-ZIP COCONUT GROVE FL 33133	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROGATENSKY, BEN		2.2 NAME Rogatenksy, Ben	
STREET ADDRESS 2065 SOUTH BAYSHORE DR		2.3 STREET ADDRESS 3225 Aviation Ave, Suite 700	
CITY-ST-ZIP COCONUT GROVE FL		2.4 CITY-ST-ZIP COCONUT GROVE, FL 33137	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIXON, ROBERT		3.2 NAME Dixm, Robert	
STREET ADDRESS 2065 SOUTH BAYSHORE DR		3.3 STREET ADDRESS 3225 AVIATION AVE, STE. 700	
CITY-ST-ZIP COCONUT GROVE FL		3.4 CITY-ST-ZIP COCONUT GROVE FL 33133	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Irwin S. Gars* **4/16/98** **305-854-1666**

CRE034 (10/97)