

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

DOCUMENT # L54268

(2)

1. Corporation Name

CHAPEL TRAIL WEST, INC.

Principal Place of Business

Mailing Address

~~2005 SOUTH BAYSHORE DRIVE~~  
~~SUITE M-100~~  
COCONUT GROVE FL 33133

~~2005 SOUTH BAYSHORE DRIVE~~  
~~SUITE M-100~~  
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1990

4. FEI Number

65-0198471

Applied For

Not Applicable

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3225 AVIATION AVE

26 3225 AVIATION AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 700

27 SUITE 700

City & State

City & State

23 COCONUT GROVE FL

28 COCONUT GROVE, FL

Zip

Zip

24 33133

29 33133

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARS, IRWIN S.

~~2005 SOUTH BAYSHORE DR.~~

~~SUITE M-100~~

~~COCONUT GROVE FL 33133~~

81 Name

GARS, Irwin S.

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

3225 AVIATION AVE

83

SUITE 700

84

COCONUT GROVE FL

85

Zip Code  
33133

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

PD

GARS, IRWIN S.

STREET ADDRESS

~~2005 SOUTH BAYSHORE DR.~~

CITY-ST-ZIP

~~COCONUT GROVE FL~~

TITLE ☐ DELETE

NAME

VD

ROGATENSKY, BEN

STREET ADDRESS

~~2005 SOUTH BAYSHORE DR.~~

CITY-ST-ZIP

~~COCONUT GROVE FL~~

TITLE ☐ DELETE

NAME

STD

DIXON, ROBERT

STREET ADDRESS

~~2005 SOUTH BAYSHORE DR.~~

CITY-ST-ZIP

~~COCONUT GROVE FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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:

4/16/98

4/16/98

305-854-1666

CR2034 (10/97)