

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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L61326 (9)

1. Corporation Name
CHESAPEAKE OF CLEARWATER, INC.

Principal Place of Business
800 THIRD AVE
24TH FLOOR
NEW YORK NY 10022
US

Mailing Address
800 THIRD AVE
24TH FLOOR
NEW YORK NY 10022-7804
US

3. Date Incorporated or Qualified 03/30/1990
3a. Date of Last Report 03/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number 06-1317942
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	COMBEMALE, NICHOLAS	
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VAT	<input checked="" type="checkbox"/> DELETE
NAME	GUZMAN, VIVIANNA	
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SMITH, WAYNE R	
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLDSBERG, JEFFREY	
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK N.	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	COGLIN, JOHN H	
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RANKIN, DAVID P	
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C. Christopher Beck	
1.3 STREET ADDRESS	800 Third Avenue, 24th Floor	
1.4 CITY-ST-ZIP	New York, NY 10022	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Coghlin, Secretary

1/6/97

212-750-0200

Date Daytime Phone #

0004432

CR2E034 (9/96)