

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22 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 # **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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1317942	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE 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
		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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POD	1.1 TITLE	P, D
NAME	COMBEMALE, NICHOLAS	1.2 NAME	Robert Bertellotti
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	1.3 STREET ADDRESS	800 Third Avenue, 24th Floor
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, NY 10022
TITLE	AT	2.1 TITLE	
NAME	BECK, C CHRISTOPHER	2.2 NAME	
STREET ADDRESS	800 3 AVE, 24 FLR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	V, T
NAME	SMITH, WAYNE R	3.2 NAME	Smith, Wayne R.
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	HOLDSBERG, JEFFREY	4.2 NAME	
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK N.	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	
NAME	COGHLIN, JOHN H	5.2 NAME	
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	S, V
NAME	RANKIN, DAVID P	6.2 NAME	
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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: *[Signature]* 7/1/98 42-750-0200

CR2E034 (5/98)