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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L61326 1. Corporation Name

CHESAPEAKE OF CLEARWATER, INC.

	FI	LED	
Feb	18,	1999	8:00am
Sec	ret	ary of	f State

02-18-1999 90085 050 \*\*\*150.00

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										11111 IAU
Principal Place	of Business	Mai	iling Address							
800 THIRD AVE 24TH FLOOR NEW YORK NY 19 US		24T	THIRD AVE H FLOOR V YORK NY 10022				DO NOT WRITE IN THIS  3. Date incorporated or Qualifed  03/30/1990	SPACE		
2. Principal Pla	ce of Business	2a.	Mailing Address		-		4. FEI Number 06-1317942	_		ed For applicable
21		26					<del>                                     </del>		75 Add	
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	F	ee Requ	ired
22		27	O'l 9 Chata				6. Election Campaign Financing	\$5	.00 м	ay Be
City & State	<del>-</del>	$\vdash$	City & State				Trust Fund Contribution	A	ided to	Fees
23		28	Zip	Cou	intry		8. This corporation owes the current year I	ntangible		a
Zip	Country	29	Zip	30	•		Personal Property Tax.	L Ye	s	No
24	9. Name and Address of Current		tered Agent	1901	T		10. Name and Address of New Registere	Agent		
	9. Name and Address of Current	Kegia	telea Agent		81	Name	<del></del> :			
NRAI	SERVICES, INC.				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
526 E	AST PARK AVENUE				83					
TALL	AHASSEE FL 32301				03			105	Zip Co	ode
					84	,	· F	L  85		
	_				<u> </u>			-6	ing its r	egistered
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	of Flori	f, Section 607.0505, FI	orida Sta	tutes	i.	·			
SIGNATURE	Signature, typed or printed name of registered agent	t and title	if applicable. (NOT	E: Registere	d Age	nt signature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIE	ECTOR	RS IN 12
	OFFICERS AN	D DIRI	ECTORS	13			ADDITIONS/CHANGES TO OFFICERS		hange	Addition
12.	PD		☐ DELETE	1.1	TITLE	ļ			Ū	_
NAME	BERTELLOTTI, ROBERT			1.21	NAME					}
STREET ADDRESS	800 THIRD AVE 24TH FLOOR			1.3	STREE	T ADDRESS				Ì
CITY-ST-ZIP	NEW YORK NY 10022				CITY-S	ST-ZIP			Change	Addition
TITLE	Vī		DELETE		TITLE					į
NAME	SMITH, WAYNE R				NAME		•			
STREET ADDRESS	AND THIRD AVE DATH ELOOP					ET ADDRESS	1.			
CITY-ST-ZIP	NEW YORK NY					ST-ZIP			Change	Addition
TITLE	SV		☐ DELETÉ		TITLE	1				Ì
NAME	RANKIN, DAVID P				NAME					Ì
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		— — — DELETE		TITLE	- ST- ZIP			Change	☐ Addition
TITLE	T -		☐ DELETE		2 NAM	Į .				
NAME						ET ADDRESS				
STREET ADDRESS	3									
CITY-ST-ZIP			☐ DELETE		TITLE	-ST-ZIP			Change	☐ Addition
TITLE				1	2 NAMI	<b>I</b>				
NAME						EET ADDRESS				
STREET ADDRES	s					-ST-ZIP				
CITY-ST-ZIP			☐ DELETE		1 TITLE				Change	Addition
TITLE					2 NAM	ì				
NAME						EET ADDRESS				
STREET ADDRES	s					-ST-ZIP				information

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, with all other like empowered.

SIGNATURE