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Secretary of State

03-01-1999 90037 017 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L64612**

1. Corporation Name
CHASER CORPORATION OF KEY WEST



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 517 WHITEHEAD ST.
 KEY WEST FL 33040

Mailing Address
 517 WHITEHEAD ST.
 KEY WEST FL 33040

3. Date Incorporated or Qualified
04/12/1990

4. FEI Number
65-0179963

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **506 Louisa Street**
 Suite, Apt. #, etc.

22 City & State
 23 **Key West, FL**
 Zip Country
 24 **33040** 25 **U.S.A.**

2a. Mailing Address
 26 **506 Louisa Street**
 Suite, Apt. #, etc.

27 City & State
 28 **Key West, FL**
 Zip Country
 29 **33040** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

FARRELLY, GREGORY G.
 517 WHITEHEAD ST.
 KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
Gregory G. Farrelly

82 Street Address (P.O. Box Number is Not Acceptable)
C/O Catalfomo & Farrelly

83 **506 Louisa Street**

84 City
Key West 85 Zip Code
FL 33040

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 *Gregory G. Farrelly* **Gregory G. Farrelly** **Jan. 31, 1999**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	WILBUR, ROBERT	
STREET ADDRESS	1075 DUVAL ST SUITE C21	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: *Robert M. Wilbur* **Robert M. Wilbur** **President** **01/31/99** **(305) 296-7201**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)