


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

FILED

Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90011 020 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L73589</b> 1. Corporation Name <b>CHATEAU GROVE, INC.</b>					
Principal Place of Business <b>5825 SUNSET DR #210 SOUTH MIAMI FL 33143 US</b>			Mailing Address <b>5825 SUNSET DR #210 SOUTH MIAMI FL 33143 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/17/1990</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0312078</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>PREVITI, PETER 5825 SUNSET DR #210 MIAMI FL 33143</b>			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 <b>FL</b>		
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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>PREVITI, PETER</b>					
1.3 STREET ADDRESS <b>5825 SUNSET DR #210</b>					
1.4 CITY-ST-ZIP <b>SOUTH MIAMI FL</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>MORGAN, TIMOTHY</b>					
2.3 STREET ADDRESS <b>6001 NW 153 ST</b>					
2.4 CITY-ST-ZIP <b>MIAMI LAKES FL</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME <b>PREVITI, HEATHER</b>					
3.3 STREET ADDRESS <b>5825 SUNSET DR #210</b>					
3.4 CITY-ST-ZIP <b>SOUTH MIAMI FL</b>					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DQ NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-98 505-662-5504