

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Jul 17 1996 8:00 am  
Secretary of State

DOCUMENT # **M47589** (0)

1. Corporation Name

**CHADD DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

**6845 PARK LANE  
LAKE WORTH FL 33463**

**C/O SAM GROOME  
8990 INTERNATIONAL DRIVE  
ORLANDO FL 32819**



2. Principal Place of Business

2a. Mailing Address

21 **8990 International Dr**

2a Suite, Apt. #, etc

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

28 City & State

**Orlando, FL**

28 City & State

24 Zip

25 Country

29 Zip

30 Country

**32819**

**USA**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**03/03/1987**

**10/30/1995**

4. FEI Number

Applied For

**59-2791518**

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

10. Name and Address of New Registered Agent

**GROOME, SAM W.  
8990 INTERNATIONAL DRIVE  
ORLANDO FL 32819**

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PVST**  
STREET ADDRESS **GROOME, SAM W.**  
CITY-ST-ZIP **8990 INTERNATIONAL DRIVE**  
**ORLANDO FL 32819**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **GROOME, SAM W.**  
CITY-ST-ZIP **8990 INTERNATIONAL DRIVE**  
**ORLANDO FL 32819**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

**700001896537**  
**-07/17/96--01037--046**  
**\*\*\*225.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-11-96**

**(407)354-7410**

CR2E034 (3/96)