

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M86477** (0)

1. Corporation Name
CHIMERE, INC.



Principal Place of Business

**C/O CONRAD K. KOEHLER
3435 ENTERPRISE #44
NAPLES FL 33942**

Mailing Address

**C/O CONRAD K. KOEHLER
3435 ENTERPRISE #44
NAPLES FL 33942**

3. Date Incorporated or Qualified 06/16/1988	3a. Date of Last Report 04/10/1995
4. FEI Number 23-2367998	Applied For 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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**KOEHLER, CONRAD K.
4406 EXCHANGE AVENUE
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person performing the filing (required for all filings)

Signature of Registered Agent (required for all filings)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ DELETE	1. TITLE	☐ Change ☐ Addition
2. NAME		2. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
4. CITY-STATE		4. CITY-STATE	
5. TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY-STATE		8. CITY-STATE	
9. TITLE	☐ DELETE	9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY-STATE		12. CITY-STATE	
13. TITLE	☐ DELETE	13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY-STATE		16. CITY-STATE	
17. TITLE	☐ DELETE	17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY-STATE		20. CITY-STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. K. KOEHLER President 2/6/96 941-643-4222

CR2E034 (12/95)