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PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
C/O CONRAD K. KOEHLER 3435 ENTERPRISE #44 NAPLES FL 33942	C/O CONRAD K. KOEHLER 3435 ENTERPRISE #44 NAPLES FL 34104-3626

3. Date Incorporated or Qualified: 06/16/1988
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business
21: 2996 TERRACE AVE
22: Suite, Apt. #, etc.
23: City & State: NAPLES, FL
24: Zip: 33942
25: Country

2a. Mailing Address
26: 2996 TERRACE AVE
27: Suite, Apt. #, etc.
28: City & State: NAPLES, FL
29: Zip: 33942
30: Country

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

9. Name and Address of Current Registered Agent

KOEHLER, CONRAD K.
~~4408 EXCHANGE AVENUE~~ 2996 TERRACE AVE.
NAPLES FL ~~33942~~ 34104

10. Name and Address of New Registered Agent

81 Name: CONRAD K. KOEHLER
82 Street Address (P.O. Box Number is Not Acceptable): 2996 TERRACE AVE.
83
84 City: NAPLES FL 85 Zip Code: 34104

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: CONRAD K. KOEHLER Conrad K. Koehler DATE: 4/7/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PV KOEHLER, CONRAD K. 3435 ENTERPRISE #44 NAPLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	2996 TERRACE AVE NAPLES, FL 33942	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KOEHLER, CONRAD K. 3435 ENTERPRISE #44 NAPLES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	2996 TERRACE AVE NAPLES, FL 33942	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Conrad K. Koehler CONRAD K. KOEHLER 4/7/97 941-417-1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0412410