

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90749 001 ***750.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *PO1000079766*
1. Entity Name
Chase AAA - Income & Asset Funds, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2770 White Wing Lane
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
W. Palm Beach
Zip
33409
Country
USA

City & State
Zip
Country

4. FEI Number
01-0728849
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
M.A. O'BRIEN
Street Address (P.O. Box Number is Not Acceptable)
2770 White Wing Lane
City
W. Palm Beach FL Zip Code
33409

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when filing) DATE _____

8. The corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See reverse of back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$41.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President Kenneth R. City 6600 BEACH RESORTS DR. # 6 NAPLES, FL 34114</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>50% - Treasurer M.A. O'BRIEN 2770 White Wing Lane W. Palm Beach, FL 33409</i>
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like employees.

SIGNATURE: *M.A. O'Brien*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/29/03
Date Daytime Phone #