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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P33339

(3)

CHESAPEAKE BAY CAPITAL CORPORATION

Principal Place of Business	Mailing Address
2 RESERVOIR CIRCLE. SUITE 104	2 RESERVOIR CIRCLE, SUITE 104
BALTIMORE MD 21208	BALTIMORE MD 21208

FILED Feb 19 1998 8:00am Secretary of State



2 RESERVOIR CIRCLE. SUITE 104 BALTIMORE MD 21208		2 RESERVOIR CIRCLE, SUITE 104 BALTIMORE MD 21208		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	IIO OI AOC
					03/25/1991	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			52-1575185	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ıtry	8. This corporation owes or has paid the	_ · _ ·
24	25]	29	30		Personal Property Tax due June 30.	Yes No
	Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Register	ea Agent
	rsinski, kevin f.			11447116		
	00 MAIN ST.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	ITE 402, BARNETT CENTRE		}	2222 S	Second Street	
FT.	MYERS FL 33901		1	03		
				84 City		EL 85 Zip Code 33901
as Dissessed 5	a the previous of Cartiers 603 000	O and CO7 1EOR Florida Office	on the st	Ft. My		a of changing its registered
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was	es, me ac authorized	by the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as registered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statı	ites.		
SIGNATURE .	Signature, typed or printed name of registered age	Alor	T. Charleton		uired when reinstating) DAT	·c
12.	OFFICERS AN		13.	When signature redu	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PCD	DELETE	1.1 717	LE I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	STERN, IVAN		1.2 NA			
STREET ADDRESS	2 RESERVOIR CIR., #104		1.3 ST	REET ADDRESS		
CITY-ST-ZiP	BALTIMORE MD			Y-ST-ZIP		
THILE	V	DELETE	2.1 T/T			Change Addition
NAME	WASSERMAN, JACK B.		2.2 NA	ME		
STREET ADDRESS	2 RESERVOIR CIR., #104		2.3 STF	REET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		2. 4 CI	Y-ST-ZIP	.,,	
TITLE	STD	☐ DELETE	3.1 TIT			Change Addition
NAME	KIRK, JOYCE		3.2 NA	ME		
STREET ADDRESS	2 RESERVOIR CIR., #104		3.3 ST	REET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		3.4. CF	Y-ST-ZIP		
TITLE		☐ DELE te	4.1 111	Æ		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STF	EET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		DELETE	5.1 T(T	.E		☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STF	REET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	4,44,49	
TITLE		DELETE	6.1 TIT	.E		Change Addition
NAME			6.2 NA	NE		
STREET ADDRESS			6.3 STF	EET ADDRESS		
CITY - ST - ZIP			6.4 CIT	Y-ST-ZIP		

14. I 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 elecute 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.

∠410)486-2484