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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # P93000025474 (6)

1. Corporation Name
CHATMAN'S LEGACY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **C/O GARY HACKER P.A.
800 N. OCEAN DRIVE
HOLLYWOOD FL 33019**

Mailing Address: **C/O GARY HACKER P.A.
800 N. OCEAN DRIVE
HOLLYWOOD FL 33019**

3. Date Incorporated or Qualified 04/06/1993	3a. Date of Last Report 06/01/1994
4. FID Number 65-0407688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3300 NORTH 29TH AVENUE SUITE 102 HOLLYWOOD, FL 33020	2a. Mailing Address 21 3300 NORTH 29TH AVENUE SUITE 102 HOLLYWOOD, FL 33020
24 City	25 County
29 City	30 County

9. Name and Address of Current Registered Agent

**CHATMAN, ISABELLA
2541 NW 54TH STREET
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. The agent to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The above named corporation hereby has obtained for the purpose of changing its registered office a registered agent as set forth in the Florida Statutes. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am hereby attesting and acknowledging the qualification of the said 607.0502, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS	
NAME V SAWYER, VERNITA D 2541 NW 54TH STREET MIAMI FL 33142	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Address
NAME P GILYARD, HENRY 1702 S. 22ND AVENUE HOLLYWOOD FL	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Address
NAME	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Address
NAME	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Address
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NAME	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Address
NAME	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Address
NAME	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Address

14. I hereby certify that the information supplied with this filing is true and correct and that the corporation has been duly organized in accordance with the laws of the State of Florida. I further certify that the information included in this annual report or consolidated annual report is true and accurate and that the signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on back of this report as an authorized signatory.

SIGNATURE: _____ **HENRY GILYARD** 4/28/95 (305) 922-2207
PRESIDENT