

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 25 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088522 (6)

1. Corporation Name:
CHIASMA, INC.

Principal Place of Business
8312 A1A SOUTH
ST. AUGUSTINE FL 32086

Mailing Address
1093 A1A BEACH BLVD.
SUITE 320
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1994	3a. Date of Last Report NONE
4. FEI Number 95-4203840	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 8312 A1A SOUTH 27 Suite, Apt. #, etc. 28 City & State 29 ST. AUGUSTINE, FL 30 Zip 31 Country
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9. Name and Address of Current Registered Agent

KEYSER, TIMOTHY
501 ATLANTIC AVE.
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

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

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

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	DIANE MIGLIS
STREET ADDRESS	8312 A1A SOUTH
CITY, ST, ZIP	ST. AUGUSTINE, FLORIDA 32086
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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 biennial 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 registered agent or trustee and warrant to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: X

(Signature and Typed Name of Signing Officer or Director)

7/20/95

(904) 471-8480