

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**

**97 JUL -3 PM 1:39**

**DOCUMENT # P94000011406 (3)**

1. Corporation Name  
**CHASE FABRICS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**630 WEST 84TH STREET  
HIALEAH FL 33014**

Mailing Address  
**630 WEST 84TH STREET  
HIALEAH FL 33014-3617**

3. Date Incorporated or Qualified **02/07/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
21 **4732 N.W. 165 STREET** 2a. Mailing Address  
26 **4732 N.W. 165 STREET**

4. FEI Number **65-0467395** Applied For  
Not Applicable

Suite, Apt. #, etc.  
22

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

City & State  
23 **MIAMI, FL** 27. City & State  
28 **MIAMI, FL**

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

Zip Country  
24 **33014 FL** 29. Zip Country  
30 **33014 FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LYONS, ANDREW J  
630 WEST 84TH ST.  
HIALEAH FL 33014**

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. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>LYONS, ANDREW J</b>	
STREET ADDRESS	<b>630 WEST 84TH ST.</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>LYONS, ANDREW J.</b>		
1.3 STREET ADDRESS	<b>4732 N.W. 165 STREET</b>		
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33014</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

**700002234187--2**  
**-07/09/97--01104--005**  
**\*\*\*165.00 \*\*\*165.00**

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 REQUIRED** **JUL 21 1997 (305) 420-9300**

CR2E034 (9/96)