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

DOCUMENT # P94000042782 (0)

CHILIAN AVENUE ESTATES, INC.

1 .	e of Business RATE BLVD, N.W. I FL 33431	Mailing Address 2300 CORPORATE BLVD. N.W. STE 211 BOCA RATON FL 33431-7345						
		U\$				 Date Incorporated or Qualified 06/08/1994 	3a. Date of L 04/22/19	
⊢ ¬ '	lace of Business	2a. Mailing Ad	dress			4. FEI Number	T	Applied For
21	M - 2	26				65-0506284		Not Applicable
Suite, Apt		Suite, Apt				5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	.75 Additional ee Required
City & Sta	to	City & Stat	Ð			6. Election Campaign Financing		.00 May Be
7(p	Country	28]		Country		Trust Fund Contribution 8. This corporation has liability for		ded to Fees
24	25	29	30	,			Yes No	der s. 199.032,
	9. Name and Address of Curre		1 1 1 1			10. Name and Address of New R		
	ry, edward c			81	Name			
2300 CORPORATE BLVD. N.W.				B2	Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
	ITE 232			83				
ВО	CA RATON FL 33431			63				
				84	City		FL 85	Zip Code
11. Pursuant office or agent. I a	am ramiliar with, and accept the oblig	Janons of, Section 60	7.0505, Florida	Statutes	i .	progration submits this statement for the ration's board of directors. I hereby acce		ing its registered nt as registered
12.	Signature ityped or printed name of registered ag	eril and title if applicable.		· · · · · · · · · · · · · · · · · · ·	n! signature req	outred when reinstating)	DATE	
7/11/6	D			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
NAME	CURY, EDWARD C			1.2 NAME			0	nigo CLI radicion
STREET ADDRESS	1405 S. FEDERAL HWY., #14	17	1	1.3 STREET	ADORESS			
CITY - S1 - ZIP	DELRAY BEACH FL 33483		1	1.4 CITY - S	T-ZIP			
TOLE	D		DELETE 2	2.1 TITLE			☐ Cha	ange 🔲 Addition
NAME	STITT, WILLIAM E		2	2.2 NAME				
STREET ADDRESS	1625 SABAL PALM DR. BOCA RATON FL 33432			2.3 STREET	1			
CHTY-ST-ZIF	DOON RATOR PE 33432		A. D. Market	2. 4 Cit y - S 3.1 Title	iT-ZiP		☐ Cha	[] tage:
NAME	BECK, LOUIS S			3.1 MAME	1		Cris	ange 🔲 Addition
STREET ACOURTSS	5269 PRINCETON WAY			3.3 STREET	ADDRESS			
CITY-ST-7IP	BOCA RATON FL 33496			94. CITY-S	į.			
THILF				1.1 TITLE			☐ Cha	ange Addition
NAME			4	1. 2 NAME				
STREET ADDRESS			4	1.3 STREET	ADDRESS			
CHY-S1-ZIP			D.C. D.A.C.	1 4 CITY - ST	T- ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		Ц		S 1 TITLE			☐ Cha	ange 🔲 Addition
NAME STREET ADDRESS			ì	2 NAME	4DDDCCC			
CITY-ST-ZIF				3 STREET.	- 1			
TITLE			0.5. 5.44	5 4 CITY - ST 5.1 TITLE) - 4.IF		Cha	ange Addition
NAME				3.2 NAME				
STREET ADORESS				3 STREET	ADDRESS			
0.04 67 36	i				1			

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 a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ed C. Cupy 4/18/97

Apr 24 1997 8:00am

Secretary of State

948-4408