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 #

1. Corporation Name P94000042782 (0)

CHILIAN AVENUE ESTATES, INC.

May 18 1998 8:00am Secretary of State



Principal Place of Business N	Mailing Address			
SUITE 232 BOCA RATON FL 33431	2300 CORPORATE BLVD. N STE 211 BOCA RATON FL 33431	I.W.	DO NOT WRITE	IN THIS SPACE
	US		3, Date Incorporated or Qualified 06/08/1994	
2. Principal Place of Business 2s	. Mailing Address		4, FEI Number	Applied For
21 324 Cours 45/m WAM 26	32-16	yal faim wa	65-0506284	X Not Applicable
Suite, Apt. #, etc. 0	Suito, Apt.#, etc.	,	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State	-h &	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 V NOM (28/01), PC 28	Yelm Dead		This corporation owes or has page.	Added to Fees
Zip Country 25 Country 29	33480 3	P.B.	Personal Property Tax due June	
g. Name and Address of Current Regi	stered Agent		10. Name and Address of New Re	gistered Agent
CURY, EDWARD C		81 Name Cu	My EDWAND	ے
2300 CORPORATE BLVD. N.W.		82 Street Addr		ole)
SUITE 232		83 334	Kagai Palm	Way
BOCA RATON FL 33431		°' 5	vide 204	
		84 City OR	hm Detch	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and	607.1508, Florida Statutes	the above-named corp	poration submits this statement for the	ourpose of changing its registered
office or registered agent, or both, in the State of Hor agent. Lam familiar with, and accept heyothigations	rida. Such ch ange w as au of. Sicyon 607.0505, Flori	thorized by the corporat da Statutes.	ion's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE CAWASI	/www		4/2.	9/40
Signature, type deter product name, of registerior language and by		Registered Agent signature requi		DATE
TITLE D	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME CURY, EDWARD C		1.2 NAME		
STREET ADDRESS 1405 S. FEDERAL HWY., #147		1 3 STREET ADDRESS		[8
CITY-ST-ZIP DELRAY BEACH FL 33483		1.4 CiTY - ST - ZIP		(5
TITLE D	DELÉTE	2.1 TITLE		Change Addition
NAME STITT, WILLIAM E		2.2 NAME		
STREET ADDRESS 1625 SABAL PALM DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL 33432		2.4 CITY-ST-ZIP		
TITLE	DEL ETE	3.1 TITLE		Change Addition
NAME BECK, LOUIS S		3.2 NAME]
STREET ADDRESS 5269 PRINCETON WAY		3 3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL 33496		3 4. CITY - ST - ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		Change Addition
	F-1 PECFEC	f		C. Ontange C. Montinu
NAME STREET ADDRESS		5 2 NAME 5 3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-SI-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		ļ
14. I hereby certify that the information supplied with this	filing does not qualify for		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 are officer or director of the corporation or the receiver or bestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed enforcement attachment with an address.