

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000068654

1. Corporation Name  
CHARTWELL, INC.

Principal Place of Business

Mailing Address

1610 INDEPENDENT SQUARE  
1610  
JACKSONVILLE FL 32202  
US

1610 INDEPENDENT SQUARE  
1610  
JACKSONVILLE FL 32202  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

LANIGAN, ARMINDIA M  
1610 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

81 Name  
82 Intrastate Registered Agent Corporation  
83 Street Address (P.O. Box Number is Not Acceptable)  
701 Brickell Avenue  
84 Suite 3000  
City Miami  
FL 85 Zip Code 33131

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 Donald W. Wallis, Vice President

2-3-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	[ ] DELETE
C	STEIN, ROBERT L	1610 INDEPENDENT SQUARE	JACKSONVILLE FL	[ ] DELETE
CEO	PURCELL, KENNETH	161 INDEPENDENT SQUARE	JACKSONVILLE FL	[ ] DELETE
P	MARINATOS, ANTHONY	1610 INDEPENDENT SQUARE	JACKSONVILLE FL	[ ] DELETE
CFO	LANIGAN, ARMINDIA	1610 INDEPENDENT SQUARE	JACKSONVILLE FL	[ ] DELETE
				[ ] DELETE
				[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP

9400002770799-2  
-02/09/99-01133-008  
\*\*\*\*150.00 \*\*\*\*150.00

DB 2599

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/99

Doc. Filing Fee #

0031941

CR2E034 (11/98)