FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90058 006 ***158.75

- 1 (MANDAN 128 KARN AKAN BANK BANK BANK BANK BARK 1860) (1106 1170) 1106 1107 1107 1107 1107

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000078585

1. Corporation Name

C.G. CHASE CONSTRUCTION MANAGEMENT, INC.

								A
Principal Place of Business Mailing Address							. OSEII (MAS) (SIM) SIX	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8491 N.W. 17TH ST. SUITE 101 MIAMI FL 33126-1025		8491 N.W. 17TH ST. Suite 101 Miami Fl 33126-1025		ļ	DO NOT WRITE IN	THIS SPACE		
MIAMI FL 33126-1025 MIAMI FL 33120-1025						3. Date Incorporated or Qualifed		
						10/25/1994		
2. Principal Place of Business 2a. Mailing Addre			s			4. FEI Number	A	pplied For
21		26				65-0529001	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	ite, Apt. #, etc.			5. Certifcate of Status Desired	*	Additional
22 -	<u>· – </u>	27	<u></u>			o, octahodo o, canada o canada		Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	Added	May Be I to Fees
Zip	Country Zip			Country		8. This corporation owes the current ye		□No
24	25	29 30	<u> </u>			Personal Property Tax.	Yes	
9. Name and Address of Current Registered Agent				Name		10. Name and Address of New Regist	eren Agent	
POS	ENBERG, DONALD S		81	Name				
1 S.E. 3RD AVE.			82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)		
SUITE 2600			83					
MIAN								
			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								
	Signature, typed or printed name of registered agent			nt signature	required v	when reinstating) DA		000 11 10
12.			13.		1	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	
TITLE	DP	□ VELETE	1.1 TITLE				☐ Criange	
NAME	CHASE, CLARENCE G		1.2 NAME		1			j
STREET ADDRESS	8491 N.W. 17 ST., STE. 101		1.3 STREET ADDRESS					}
CITY-ST-ZiP			14 CiTY-ST-ZIP		67	ST	Change	Addition
TITLE	DV		!		<u> </u>	hns steven L. 91 NW 17 St., STE. 1 14Mi, FL	<u></u>	
NAME	oornio, orever e		2.2 NAME Jo 2.3 STREET ADDRESS 84		20	or Aug 17 St. STE.	101	
STREET ADDRESS	8491 N.W. 17 ST., STE. 101				24	inmi El		-
CITY-ST-ZIP			-2:4 CITY» 3.1 TITLE	\$1,2#	1.1.1.	INTITI-	Change	Addition
TITLE NAME			3.2 NAME				_ ,	_
STREET ADDRESS	% 8491 N.W. 17 ST., STE. 101			T ADDRESS]
CITY-ST-ZIP	MIAMI FL 33126		3.4. CITY-					
TITLE	INITAINI I L SO 120	☐ DELETE	4.1 TITLE	<u> </u>	+-	-	☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STRES	TADDRESS				Ì
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		1		☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORESS				ļ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					(
					.1			I

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

DEFIZER OR DIRECTOR