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 # P9400088938 (3)

FILED May 04 1998 8:00am Secretary of State

CHASI	E ADVERTISING, INC.	•				
Principal Plac	ce of Business	Mailing Address			E HOODINDE ILE COM DEVIL BRINE ORME GRANE ORME	A TOTAL LOUIS INION WIND TOUR INST
5865 UNIVERSITY BLVD. WEST 5865 UNIVERSITY BLVD. W JACKSONVILLE FL 32216 JACKSONVILLE FL 32216					DO NOT WRITE IN TH	HS SPACE
					3. Date Incorporated or Qualified	10 01 702
					12/08/1994	1
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3295376	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	. ,		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	t Hegistered Agent	81	I Name	10, Name and Address of New Register	ed Agent
	ALANKY, MICHAEL F			INATIO		
	665 UNIVERSITY BLVD. WEST		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
JF	ACK S ONVILLE FL 32216		-	 		
			83	'		
			84	City	-	85 Zip Code
44 5		0 1 007 4500 5(1 1	<u> </u>		L 65 Zip Code
office or	registered agent, or both, in the State	of Florida, Such change was	authorized b	ov the corpor	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	e or changing its registered appointment as registered
agent. I a	am familiar with, and accept the oblig	ations of Section 607.0505, F	lorida Statute	es.	,	
SIGNATURE						
12.	Signature, typed or printed name of registered agr OFFICERS AN		13.	jont signature req	uired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	
TITLE	T PST	DELETE	1,1 TITLE		ADDITIONA/ONANGEO TO ON ICENS	Change Addition
NAME	BALANKY, MICHAEL F	—	1.2 NAME	1		
STREET ADDRESS	5865 UNIVERSITY BLVD. WE	ST		T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216	••	1.4 CiTY-			
TITLE		DELETE	2 1 TITLE	31-21		Change Addition
NAME	1		2.2 NAME	ĺ		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2. 4 CITY	į.		
TITLE		OELETE	3.1 TITLE	<u> </u>		Change Addition
NAME			3.2 NAME	1		- · -
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			•
STREET ADDRESS			4.3 STREE	T ADDRESS		
CATY-ST-ZIP	1		4.4 CITY-			
TITLE	DELETE		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	ĺ		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP	1		5.4 CITY	i		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS	}		63 STREE	I ADDRESS		
CITY-ST-ZIP			6.4 City-	1		Į
	*				a Caption 110 07(2)(i) Elevida Statutas I furtha	

4. I bereby 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.

CICNATURE

was

Michael Balante

W/xs/90 904-781-522