

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000089079 (5)**

1. Corporation Name

CHICK SCHNIER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**601 BALLENSLES DRIVE
SUITE 402
PALM BEACH GARDENS FL 33418
US**

**701 U.S. HWY. ONE
SUITE 402
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

2a. Mailing Address

21 **DELETE**

26 **601 BALLENSLES DR.**

22 **DELETE**

27 Suite, Apt. #, etc.

23 City & State

28 **PALM BEACH GARDENS, FL.**

24 Zip

25 Country

29 **33418**

30 Country

US

9. Name and Address of Current Registered Agent

**RYAN, JAMES H
701 U.S. HWY. ONE
SUITE 402
NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0549522

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Charles Schnier

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **SCHNIER, ESTHER**
STREET ADDRESS **17030 BROOKWOOD DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **PVD** ☐ DELETE
NAME **SCHNIER, CHARLES**
STREET ADDRESS **17030 BROOKWOOD DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 address.

SIGNATURE:

Charles Schnier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

407-626-7955

Daytime Phone #

CR2E034 (12/95)