Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90005 048 \*\*\*150.00

## 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 # P95000025792

1. Corporation Name

CHAMER	ON WHITESTAN, INC.					•					
		Marillan Address					-				
Principal Place		Mailing Address									
14010A NESTIN		P.O. BOX 1682	27420-1693	2							
DELRAY BEACH 33 33484 BOCA RATON FL 33429-168 US US				72			DO NOT WRITE IN THIS SPACE				
00		•••					3. Date Incorporated or	Qualifed			
							03/28/1995				
2. Principal Pl	lace of Business	2a. Mailing Addre	SS				4. FEI Number			Ar	oplied For
21		26					65-0579683			No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				5. Certifcate of Status D	)onirod		\$8.75	Additional
22		27					5. Certificate of Status L	resileu		Fee Re	equired
City & State	e	City & State					6. Election Campaign F	inancing		`\$5.00	May Be
23		28					Trust Fund Contribut	on		Added	to Fees
Zip	Country	Zip	_	Country	/		8. This corporation owe	s the curre	nt year int		
24	25	29	3	30			Personal Property Ta			☐Yes	□No
	9. Name and Address of Cu	irrent Registered Agent			1		10. Name and Address	of New Re	gistered /	Agent	_
rum.	TERMAN IN C			81	Nar	ne					Ī
	TERMAN, JILL E			82	Stre	et Addre	ess (P.O. Box Number is No	t Acceptab	le)		
	IO NESTING WAY				<u> </u>						
DELI	RAY BEACH FL 33484			83							
]				84	City	,				85 Zip	Code
					1				FL	.   [	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florid	a Statutes	s, the above	e-nan	ed corpo	oration submits this statements of the statements of the statements. I her	nt for the p eby accept	urpose of the appoir	changing its ntment as re	s registered egistered
office or re	egistered agent, or both, in the S m familiar with, and accept the o	bligations of, Section 607.0	505, Florid	monzed by da Statutes	the c	orporation					
office or re agent. I as SIGNATURE	m familiar with, and accept the o	bligations of, Section 607.0	505, Florid	da Statutes	3. _						
office or re agent. I as	m familiar with, and accept the o	bligations of, Section 607.0	505, Florid	da Statutes	3. _		when reinstating)		DATE		
office or reagent. I as SIGNATURE	m familiar with, and accept the o Signature, typed or printed name of registere OFFICER:	bligations of, Section 607.09 ad agent and title if applicable.  S AND DIRECTORS	(NOTE: F	da Statutes Registered Ager	3. _				DATE	D DIRECTO	OR\$ IN 12
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office or ri agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registers  OFFICER:  D  FUTTERMAN, JLL E	bligations of, Section 607.0: ad agent and title if applicable. S AND DIRECTORS	(NOTE: F	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	nt signat	ure required	when reinstating)		DATE	D DIRECTO	OR\$ IN 12
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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 of 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 on on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP