

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

FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000033113 (8)

1. Corporation Name

CHASKES PRODUCTIONS, INC.



Principal Place of Business

2515 NE 207 ST  
N MIAMI BEACH FL 33180

Mailing Address

2515 NE 207 ST  
N MIAMI BEACH FL 33180-1313

2. Principal Place of Business

21 16 SEVILLE CIRCLE

Suite, Apt. #, etc.

22 City & State

23 PLANTATION, FL

24 Zip

33324

Country

25 U.S.A.

2a. Mailing Address

26 16 SEVILLE CIRCLE

Suite, Apt. #, etc.

27 City & State

28 PLANTATION, FL

29 Zip

33324

Country

30 U.S.A.

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

04/15/1996

4. FEI Number

65-0581468

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

9. Name and Address of Current Registered Agent

CHASKES, DAVID  
2515 NE 207 ST  
N MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name CHASKES, DAVID

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

83

84 City PLANTATION

FL

85 Zip Code 33324

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 12, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE PVTs  
NAME CHASKES, DAVID  
STREET ADDRESS 2515 NE 207 STREET  
CITY-ST-ZIP N. MIAMI BEACH FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PVTs  
CHASKES, DAVID  
16 SEVILLE CIRCLE  
PLANTATION, FL 33324

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 12, 1997 954-424 8601

CR2E034 (9/96)