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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052140 (7)

CHESAPEAKE HILLSBORO, INC.

% BEDZIW. JORN & KAN. P.A. 20809 BISCAYNE BLVD., SUITE 200 % BEDZOW. KORN & KAN. P.A. P.O. BOX 80250 DO NOT WRITE IN THIS SPACE AVENTURA FL 33180 HALLANDALE FL 33008 3. Date Incorporated or Qualified 07/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0700713 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible ☐ Yes No. 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **A1** Name BEDZOW. MICHAEL BEDZOW, KORN & KAN, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 20803 BISCAYNE BLVD., SUIE 200 83 **AVENTURA FL 33180** 84 City 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 regerore-hagins, and title diapple abre (NOTE: Registered Agent signature recuired when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSD TITLE DELETE ☐ Change ☐ Addition 1.1 TITLE NAME LEPINE, RENE H 1.2 NAME 1115 SHERBROOKE STREET, WEST STREET ADDRESS. 1.3 STREET ADORESS MONTREAL, QUEBEC, CANADA CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE LEPINE, NORMAND 2.2 NAME 1115 SHERBROOKE STREET, WEST STREET ADDRESS 2.3 STREET ADDRESS MONTREAL, QUEBEC, CANADA CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$7-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TOLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

4-18-98

FILED

May 11 1998 8:00am

Secretary of State