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 # 1. Corporation Name

P95000073924 (9)

S. CHAPELL, INC.

May 12 1998 8:00am Secretary of State

7 /90 QUIDTS 7282

FILED

Principal Place	e of Business	Mailing Address		j indiilit jan tarat arrit adrii norii on	111 BB(41 18889 14159 30116 1186) 6161 (66)	
PARKWAY PLAZA, SUITE 112 PARKWAY PLAZA, SUITE 112 10241 METRO PARKWAY 10241 METRO PARKWAY FORT MYERS-FL 33912 , FORT MYERS-FL 33912			2	DO NOT WRITE IN THIS SPACE		
	moved to			3. Date Incorporated or Qualified		
				09/21/1995	A seried Fee	
	lace of Business, Cleveland Ave	2a. Mailing Address		4, FEI Number	Applied For Not Applicable	
21 4125		Suite, Apt. #, etc.		65-0614379	CQ 75 Additional	
				5. Certificate of Status Desired	Fee Required	
22 S + 6 City & State	 	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Fort	t muses FL	28 Florida		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pa	aid the current year Intangible	
24 330	0 25	29 3	0	Personal Property Tax due June		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
CH	APELL, SONIA		81 Name 5 2	onia Chapel		
	r ký vay rlaza, suite 112			Iress (P.Q. Box Number is Not Acceptat		
10241 METROLPARKWAY				5 Cleveland Ave	<u> </u>	
FO	rt Myers Fd 33912		83	+ mues Florida	<u>.</u>	
			84 City	1 04.4	85 Zip Code	
	(0, 6, 7, 0,	and cor atoo Fledde Classics	the above seemed see	Mylio	FL 33901	
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, typod or printed name of registerest agen	and the discrete while (NOS)	Registered Agont signature reou	uiced whos reinetation)	DATE	
12.	OFFICERS AND		T 13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	CHAPELL, SONIA		1.2 NAME			
STREET ADDRESS	PKWY. PDAZA, STE: 112, 1024	1 METRIQ PKWY.	1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 93912		1.4 CITY - S1 - ZIP			
TITLE	Chapell Soma 4125 Cleveland Fort Myers Florid	DELETE	2.1 TITLE		Change Addition	
NAME	Lings Comme	A Aul	2.2 NAME			
STREET ADDRESS	4125 CLEVER ame	320.	2 3 STREET ADDRESS			
CITY-ST-ZIP	Fort Myers Flour	10 33901	2. 4 CITY - ST - ZIP			
TITLE	,	DELETÉ	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP		Change Addition	
TITLE		C Deceie	4.1 TITLE 4.2 NAME			
NAME			E			
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition	
NAME		<u> </u>	5.2 NAME	1		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-S1-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	•		6.4 CITY-ST-ZiP			
14. I hereby	certify that the information supplied wi	h this filing does not qualify for	the exemption stated in	n 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.