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FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000002747 (9)

1. Corporation Name  
KACHINA FAMILY CORPORATION

Principal Place of Business  
1848 NE RIDGE AVE  
JENSEN BEACH FL 34957

Mailing Address  
P.O. BOX 751  
JENSEN BEACH FL 34959



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/09/1996

4. FEI Number  
APPLIED FOR 65-0641582

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business  
21 1330 JENSEN Bch Blvd  
Suite, Apt. #, etc

2a. Mailing Address  
26 P.O. Box 125B  
Suite, Apt. #, etc.

22 City & State  
23 JENSEN Bch  
Zip Country  
24 FL 25 34957

27 City & State  
28 STUART, FL  
Zip Country  
29 34995 30

9. Name and Address of Current Registered Agent

CHAMBERS, BRIAN  
1848 N.E. RIDGE AVE.  
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 359B NE MELBA DRIVE  
84 City  
85 FL 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]*

BRIAN CHAMBERS, PRES 04/25/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CHAMBERS, BRIAN
STREET ADDRESS	11995 SOUTH INDIAN RIVER DRIVE
CITY - ST - ZIP	JENSEN BEACH FL 34957
TITLE	VD
NAME	CHAMBERS, KELSEY
STREET ADDRESS	11995 SOUTH INDIAN RIVER DRIVE
CITY - ST - ZIP	JENSEN BEACH FL 34957
TITLE	STD
NAME	CHAMBERS, DEVIN
STREET ADDRESS	11995 SOUTH INDIAN RIVER DRIVE
CITY - ST - ZIP	JENSEN BEACH FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	359B NE MELBA DRIVE
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	359B NE MELBA DRIVE
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	359B NE MELBA DRIVE
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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]* BRIAN CHAMBERS 4-25-98 SL 3347454

CR2E034 (10/97)