FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS	**FILED** 97 AUG -6 'AM 9: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000005268 (3)

1. Corporation Name

CHIEF DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
826 N.E. 20TH AVENUE FT. LAUDERDALE FL 33304	826 N.E. 20TH AVENUE FT. LAUDERDALE FL 33304-3036

3. Date Incorporated or Qualified **01/17/1996**	3a. Date of Last Report	

2. Principal Place of Business **21**	2a. Mailing Address **26**	4. FEI Number *65-0634111*	Applied For / Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GAGLIANO, NINO J 826 N.E. 20TH AVENUE FT. LAUDERDALE FL 33304	81 Name *John M. Carroll Jr.* 82 Street Address (P.O. Box Number is Not Acceptable) *826 NE 20th Ava* 83 *Ft. Lauderdale, FL* 84 City **FL** 85 Zip Code *33304*

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 _____   *John M. Carroll Jr.*   *4/27/97*
Signature, typed or printed name of registered agent if applicable   (NOTE: Registered Agent's signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **OSCEOLA, MARK S**	1.2 NAME		
STREET ADDRESS **6521 W. OSCEOLA CIRCLE**	1.3 STREET ADDRESS	000002264330--B -08/12/97--01037--012 ****165.00 ****165.00	
CITY-ST-ZIP **HOLLYWOOD FL 33024**	1.4 CITY-ST-ZIP		
TITLE **D** ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME **CARRROLL, JOHN M**	2.2 NAME		
STREET ADDRESS **1812 N.E. 22ND TERRACE**	2.3 STREET ADDRESS		
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**	2.4 CITY-ST-ZIP		
TITLE **D** ☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME **GAGLIANO, NINO J**	3.2 NAME		
STREET ADDRESS **5702 MADISON STREET**	3.3 STREET ADDRESS		
CITY-ST-ZIP **HOLLYWOOD FL 33023**	3.4 CITY-ST-ZIP		
TITLE ☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE ☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-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		

CR2E034 (9/96)

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   *11/2/97   954-522-1446*