FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000015407 (5) CHESS FOR LESS, INC. Mailing Address Principal Place of Business 2363 OAK TREE LANE P.O.B. 10714 RIVIERA BEACH FL 33419 WEST PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/19/1996 2a, Mailing Address 4. FEI Number 2. Principal Place of Business Applied For NOT APPLICABLE 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 30 Yes ☐ No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 R4 City 85 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statues. SIGNATURE (NOTE: Registere Agent Signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 IF Change TITLE 1.2 I^{ME} AZZURRO, PAUL R NAME 1.3 REFT ADDRESS 2363 OAK TREE LANE STREET ADDRESS 14 Y-S1 - ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP 2.11 DELETE Change TITLE 2.2 ME NAME 2.3 REET ADDRESS STREET ADDRESS 2. 4. Y - ST - ZIP CITY-ST-ZIP DELETE 31.E Change Addition TITLE 3.2 AE NAME 3.3 EET ADDRESS STREET ADDRESS 3.4.4 ST-ZIP CITY-ST-ZIP DELETE ☐ Change ncitibbA . TITLE 4 2^{AF}

14. I hereby certify that the information supplied with this filing does not qualify for the plion 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 plat my signature shall have the same legal effect as if made under oath, that I arm an officer or director of the corporation or the receipt or trustee empowered to execut report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes prior on an attachment with an address.

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5.3^{ET} ADDRESS

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DELETE

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CITY-ST-ZIP

CITY-ST-ZIP

Change

Change

(10/97)

☐ Addition

Addition

Addition

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