

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90006 045 ***150.00

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DOCUMENT # P96000020365

1. Corporation Name
CHANDELLE USA INC.



Principal Place of Business
3504 SWALLOW DR.
MELBOURNE FL 32935-4790

Mailing Address
3504 SWALLOW DR.
MELBOURNE FL 32935-4790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-3363974

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

3494 SANDPIPER CT

3494 SANDPIPER CT

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

MELBOURNE, FL 32935-4754

MELBOURNE, FL 32935-4754

Trust Fund Contribution

Zip Country

Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERT, DOUGLAS C

3504 SWALLOW DR.
MELBOURNE FL 32935-4790

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3494 SANDPIPER CT

84 MELBOURNE, FL 32935-4754

FL

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, 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT ☐ DELETE

NAME GILBERT, DOUGLAS C

STREET ADDRESS 3504 SWALLOW DR.

CITY-ST-ZIP MELBOURNE FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3494 SANDPIPER CT

MELBOURNE, FL 32935-4754

TITLE DP ☐ DELETE

NAME MONKVIC, JOHN JR

STREET ADDRESS 3504 SWALLOW DR.

CITY-ST-ZIP MELBOURNE FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3494 SANDPIPER CT

MELBOURNE, FL 32935-4754

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS C. GILBERT JAN 05 1999

(407) 752-0006

Date

Daytime Phone #

CR2E034 (11/98)