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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054553 (8)

CHAUNCEY & SEIGLE, P.A.

FILED May 13 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 241 BRADLEY PLACE 241 BRADLEY PLACE PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1996 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 65-0683841 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. A Yes No 25 29 Personal Property Tax due Jurie 30. ☐ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHAUNCEY, HARRISON K JR. 241 BRADLEY PLACE 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 83 City Zip Code 85 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 chango was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or preced name of registered agent and the diapplicable (NOTE Registered Agent signalure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE D/P/S CHAUNCEY, HARRISON K JR. NAME 1.2 NAME 1921 EMBASSY DRIVE STREET ADORESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE X Change Addition TITLE 2.1 TITLE NAME SEIGLE, SUSAN M 2.2 NAME **6417 PINYON PINE COURT** STREET ADDRESS 2.3 STREET ADDRESS LANTANA FL 33462 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP TITLE DELETE 4.1 THILE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Addition 61 TITLE TITLE NAME **6.2 NAME** 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-7IP

14. Thereby certify that the information supplied with this filling 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 upper or supplied with this filling 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 upper or supplied with this filling does not qualify for the exemption stated 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 of the receiver of trustee of indicated and that my name appears in the stated of the corporation of the c Block 12 or Block 1