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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600061497 (9)

## FILED Apr 21 1998 8:00am Secretary of State

1. Corporation Name  CHAPMAN ENTERPRISES OF PALM BEACH COUNTY, INC.  Principal Place of Business  Mailing Address  6759 WHITE DRIVE RIVIERA BEACH FL 33407 US  16766 98TH WAY NORTH JUPITER FL 33478 US						t	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/23/1996			
2. Principal Place of Business			2a. Mailing Address 26 16766 98 Way North			4. FEI Number	4. FEI Number		pplied For	
21 1676		North		18m W	ay Nov	65-0688997	<u> </u>		ot Applicable	
Suite, Apt	ι #, eιc.		Suite, Apt. #. etc.		•	<ol><li>Certificate of Stat</li></ol>	us Desired		Additional equired	
City & State			City & State			6. Election Campaig	n Financina		May Be	
	piter, FL.		28 Jupiter,	R.		Trust Fund Contri	·		to Fees	
Zip	Country		Zip	Coun		8. This corporation				
24 33	5478 25 US		29 33478	30	US_	Personal Property	/ Tax due June 30	. 🗶 Yes [	□ No	
	g, Name and Addres	of Current R	egistered Agent			10. Name and Addre	ess of New Regis	tered Agent		
MCDOUGALL, SARAH C					11 Name					
16766 98TH WAY NORTH JUPITER FL 33478					Street A	ddress (P.O. Box Number is	s Not Acceptable)			
				·	13					
					13					
			84		City			FL 85 Zip	Code	
SIGNATURE	Signature, lyped or printed rains is	l registered agent ar	ed little if applicable (5	/ OTE Ringistered /		corporation submits this state oration's board of directors. equired when reinstating)		DATE		
12.	<u> </u>	FICERS AND D	DELETE	13.		ADDITIONS/CHAN	GES TO OFFICER	S AND DIRECTO	AS IN 12	
TITLE NAME	CHADNIAN CADALL	_			.	President &	arah C	Change	L Addition	
STREET ADDRESS	CHAPMAN, SARAH			1.2 NAM	ET ADDRESS	Mc Dougall, &	y North			
CITY-ST-ZIP	JUPITER FL 33478	IONIN			-ST-ZIP	Jupiter, Fl.	33478			
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	i e			3 4. CITY	'-ST-ZIP					
CITY-ST-ZIP	<u> </u>							Change	Addition	
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CHTY-ST-ZIP TITLE NAME			DELETE	4. 2 NAA	16			L Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	4. 2 NAA 4.3 STRE	ET ADORESS			LJ Glange		
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14. I horeby 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 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:

Sarah G McDarall

4/10/98

561-748-0041