

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

DOCUMENT # P96000069536

1. Corporation Name

COMMUNITY CHEST PRODUCTION, INC.

Principal Place of Business

19201 COLLINS AVE
SUNNY ISLES BEACH FL 33160
US

Mailing Address

300 SEVILLA AVE
SUITE #309
CORAL GABLES FL 33134
US

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90012 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1996

4. FEI Number

65-0695244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 19201 COLLINS AVENUE

2a. Mailing Address

26 2701 S. LE JEU NE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SUNNY ISLES BEACH, FL

City & State

28 CORAL GABLES, FL

Zip

24 33160

Country

25 USA

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

GOLDSTEIN, DAVID
100 SE 2ND STREET
SUITE 2750
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE DV
NAME ROSENTHAL, LOUIS
STREET ADDRESS 19201 COLLINS AVE
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

☐ DELETE

TITLE PD
NAME ZEPKA, VICTOR
STREET ADDRESS 19201 COLLINS AVE
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

☐ DELETE

TITLE SD
NAME ZEPKA, WILLIAM
STREET ADDRESS 19201 COLLINS AVE
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99 305-682-1700

CR2E034 (1/1/98)