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**

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90041 046 ***150.00

DOCUMENT # P96000103970

1. Corporation Name									
THE CHASE DESIGN GROUP, INC.					 	12 00:10 : 11 3 13	13183 181 8 (318 1	88) 88 188	
Principal Place of Busines	SS .	Mailing Address				-			OB(1 OB)1 1001
2445 SW 18 TERRACE #712 PO BOX 350153									
FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33335									
US US					•	DO NOT WRITE IN THIS SPACE			
			•			3. Date Incorporated or Qualifed			
						12/23/1996 4. FEI Number		I I An	olied For
2. Principal Place of Business 2a. Mailing Address						65-0715263	•		Applicable
25 26 Suite, Apt. #, etc. Suite, Apt.			ot. #. etc.					\$8.75 A	
22	27	rate, ripting ever			5. Certifcate of Status Desired		Fee Re	I	
City & State		City & State		-		6. Election Campaign Financing		\$5 :0 0	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	ent year In	tangible	
25 29		29	30			Personal Property Tax.			XNo
9. Nam	e and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered	Agent	
CHEDIN CATUV				81 Name					
GUERIN, CATHY 2301 W SAMPLE ROAD BLDG 3 STE 3-A				82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
POMPANO BEACH FL 33073				02					
FOMPANO BEAUTIFE 33073				83					
				84 City FL 85 Zip				ode	
		2 - 1 007 4500 Flatin Ca	-4.4-a 4ba al		named come	ration submits this statement for the	DUITOGO O	f changing its	registered
office or registered a	gent or both in the State (of Florida. Such chánge wa	is autnorized	ו עמו	ne corporation	n's board of directors. I hereby accep	t the appo	intment as reg	gistered
agent. I am familiar v	vith, and accept the obligat	tions of, Section 607.0505,	Florida Statu	utes.					
SIGNATURE	ed or printed name of registered agen	t and title if applicable	IOTF: Registered	Apent	signature required	when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS A	ND DIRECTO	RS IN 12
mre P		☐ DELETE	1.1 111	ΠE				☐ Change	☐ Addition
NAME SCOTT.	SCOTT, GREGORY A			1.2 NAME					
STREET ADDRESS 2445 SW 18 TERRACE STE 712			1.3 ST	REET	ADDRESS				
CITY-ST-ZIP FT LAU	DERDALE FL 33315		1.4 CF	TY-ST	-ZIP				
TITLE D		☐ DELETE	2.1 TIT	ΓLE				☐ Change	Addition
NAME CHASE,	CHET		2.2 NA	ME					
STREET ADDRESS 2445 SV	V 18 TERRACE, STE 71	12	2.3 ST	REET	ADDRESS				
CITY-ST-ZIP FT LAUI	DERDALE FL 33315			ITY-ST	T-ZIP	<u> </u>	<u> ·</u>		
TITLE	e.	☐ DELETE						☐ Change	☐ Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				TY-S1	T-ZIP			☐ Change	[] Addition
TITLE		☐ DELETE							
NAME	`		4.2 N			•			
STREET ADDRESS	٠.	•. •			ADDRESS	•			
CITY-ST-ZIP	<u> </u>	☐ DELETE		TY-ST	-ZiP			Change	Addition
TITLE		T. Dereit	5.1 TII 5.2 NA					C 390	
NAME			1		ADDRESS				
STREET ADDRESS		•	5.4 CF						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE						☐ Change	Addition
NAME 3	·		6.2 N/						

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 of 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 an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP