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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000043772 (7)

CHAPEL COTTAGE INC.

Principal Place of Business

Mailing Address

SI WAYNE M. LEVINE, LAW OFFICE

% WAYNE M. LEVINE, LAW OFFICE

FILED Feb 18 1998 8:00am Secretary of State



777 LANTANA ROAD LANTANA FL 33462				777 LANTANA ROAD LANTANA FL 33462					DO NOT WRITE IN THIS SPACE				
			_	CONTRACT THE WAS COMP.					3. Date Incorporated or Qualified	1			
									05/12/1997				
2. Principal P	lace of Business	maadl Ma	20,	Mailing Address	domi	П	וופמו	NA	4. FEI Number			Applied For	
21 4501	Tamlami	Trail No	²⁶	Mailing Address n 4501 Tam	ташт		raii	NO	° 65-0762372			Not Applicable	
Suite, Apt.	#, etc.		<u> </u>	Suite Apt. #, etc. Suite 20					5. Certificate of Status Desired			Additional "	
22 Suite 204				City & State								Required	
City & State		O li z O O		•	Tat	2 h	103	1	6. Election Campaign Financing			May Be	
23 Napl	es, FL	34103 Sountry	28	Naples,		untry			Trust Fund Contribution		···	d to Fees	
24	⊢ ,	outiny		Zip	30	Jilli y		- 1	 This corporation owes or has p Personal Property Tax due Jun 	-	_ ′	ntangible □ No N/A	
24	9 Name and A	Address of Current	29 Regis	tered Agent	[30]	Γ.			10. Name and Address of New R			L NO M/M	
<u></u>	HAN, DOLLY					81	Name						
% WAYNE M. LEVINE, LAW OFFICE				99 Ctropt Andre					(0.0 B.)	111			
777 LANTANA ROAD				82 Street Addre				aaress	s (P.O. Box Number is Not Accepta	able)			
LANTANA FL 33462				83							······································		
LANTANA I E 00702													
						84	City			FL	85 Zij	o Code	
11. Pursuant	to the provisions o	f Sections 607.0502	and 60	07.1508, Florida Statu	tes, the al	DOVE	e-named c	orpora	ation 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
•	Transfer Friday Con	G Locopt the conga		.,	0.100								
SIGNATURE	Signature, typed or prote	ed name of registered agent	and title	if applicable (NO	IE Flegistere	d Age	nt ergnature r	equired w	when reinstaling)	DATE			
12.		OFFICERS AND	DIREC		13.				ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO		
TITLE	D			☐ DELETE	1.1 30	TLE		Ъτ	m o dv d		Lx Change	Addition	
NAME	LAMBERSON				1.2 N/	AME			P,VP,S,T				
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NAME					5.2 N/								
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TITLE					61 Tf						∟ ыми	☐ Addition	
NAME					6.2 N/								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP	artify that the infor	makon sunnhad witi	n this F	iling dogs not qualify f	6.4 Cl			l in Sor	ction 110 07/3Vi). Florida Statutos	I further on	rtify that th	e information	
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.													