


FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90109 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000047258

1. Corporation Name

CHIMERA VENTURES, INCORPORATED

Principal Place of Business

**4411 BEE RIDGE ROAD
SUITE 217
SARASOTA FL 34233**

Mailing Address

**4411 BEE RIDGE ROAD
SUITE 217
SARASOTA FL 34233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997 05/11/1997

4. FEI Number

65-042081 65-0752713

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.
22 City & State
27 City & State
23 Zip Country
28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**VANNUCCI, RICHARD A
2422 ICECAPADE DR.
SARASOTA FL 34240**

10. Name and Address of New Registered Agent

81 Name

SCOTT HUNTER

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

83 5167 WILLOW LINKS

84 City

SARASOTA**FL**

85 Zip Code

34235

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
**P VANNUCCI, RICHARD
2422 ICE CAPADE DR.
SARASOTA FL 34240**
TITLE ☐ DELETE
**NAME
STREET ADDRESS
CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME
STREET ADDRESS
CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME
STREET ADDRESS
CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME
STREET ADDRESS
CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
**P SCOTT HUNTER
5167 WILLOW LINKS
SARASOTA FL 34235**
2.1 TITLE ☐ Change ☐ Addition
**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**
3.1 TITLE ☐ Change ☐ Addition
**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**
4.1 TITLE ☐ Change ☐ Addition
**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**
5.1 TITLE ☐ Change ☐ Addition
**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**
6.1 TITLE ☐ Change ☐ Addition
**6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-97 941-320-5744

CR2ED34 (11/98)