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 # **P97000047910**1. Corporation Name

CHAEL, COOPER & ASSOCIATES, P.A.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90061 019 ***150.00



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Principal Place	of Business	Mailing Address			T (Måtidåt sin inits indit detti antit entit entit	i Alāli isala islai	11911 2011 1801
5879 SUNSET I	DRIVE	5879 SUNSET DRIVE				•	
SUITE 1		SUITE 1		DO NOT WRITE IN THIS SPACE			
SOUTH MIAMI FL 33143		SOUTH MIAMI FL 33143		DO NOT WRITE IN THIS SPACE			
	•				3. Date incorporated or Qualifed		
		2n Mailing Addrson			06/01/1997 4. FEI Number	I Ar	plied For
	lace of Business	2a. Mailing Address			65-0756154		ot Applicable
21	# .A- :	Suite, Apt. #, etc.			00-0700104		Additional
Suite, Apt. #, etc.		27			5. Certificate of Status Desired		equired
City & State			City & State		6. Election Campaign Financing	\$5.00	May Re
— ·		28		Trust Fund Contribution		to Fees	
Zip Country			Zip Country		8. This corporation owes the current year Ir		
24	25 29 30		_	•	Personal Property Tax.		
24	9. Name and Address of Currer				10. Name and Address of New Registered	l Agent	
			8	1 Name		•	
CHA	EL, MARICE'			2 20	(D.O. Day Number in Net Assentable)		
5879 SUNSET DRIVE			8:	2 Street Addr	ess (P.O. Box Number is Not Acceptable)		
SUIT	TE 1		8:	3	1 190		7
SOUTH MIAMI FL 33143			_				C-4-
			8	4 City	Fi	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s, the abo	ve-named corp	oration submits this statement for the purpose of	of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	itnorizea d	v tne corporatio	on's board of directors. I hereby accept the appropriate	ointment as re	gistered
agent. I a	m familiar with, and accept the obliga	lions of, Section 607.0303, Fion	ida Statute	· .			
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE:	Registered Ag	ent signature required			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	CHAEL, MARICE'		1.2 NAME	:			
STREET ADDRESS	5879 SUNSET DRIVE STE 1		4]
CITY-ST-ZIP	SOUTH MIAMI FL 33143	-	1.3 STRE	ET ADDRESS			
TITLE			1.3 STRE 1.4 CITY-				
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NAME	SOUTH MURINI I L 33143	☐ DELETE	1.4 CITY-	ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS	SOUTH MINNS I L SST45	☐ DELETE	1.4 CiTY- 2.1 TITLE 2.2 NAME	ST-ZIP		☐ Change	☐ Addition
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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 adachment with an address, with all other like empowered.

SIGNATURE: