

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90121 049 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000052982**

1. Corporation Name  
**CHISESI ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**440 S. MILITARY TRAIL**      **440 S. MILITARY TRAIL**  
**DEERFIELD BEACH FL 33442**      **DEERFIELD BEACH FL 33442**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
 21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
 22 City & State      27 City & State  
 23 Zip      Country      28 Zip      Country  
 24      25      29      30

3. Date Incorporated or Qualified  
**06/16/1997**  
 4. FEI Number      Applied For  
**65-0761589**      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

9. Name and Address of Current Registered Agent  
**CHISESI, STEFANO**  
**440 S. MILITARY TRAIL**  
**DEERFIELD BEACH FL 33442**

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, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHISESI, STEFANO</b>	
STREET ADDRESS	<b>440 S. MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHISESI, LISA</b>	
STREET ADDRESS	<b>440 S. MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHISESI, GIUSEPPE</b>	
STREET ADDRESS	<b>440 S. MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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]*  
 DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99      (954)421-7376  
 Date      Daytime Phone #

CR2E034 (1/98)