SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

## **FILED** Aug 05 1998 8:00am Secretary of State

1. Corporatio	n Name P9/0000	)/U4/8 (5)			
CHAOS	ENTERPRISES, INC.				
0.11.00	EMIZIN MOLO, MO.			1 10041004 148 (011) (0014 0014 0014) 0014 (0014 1014) 0140 (1014 0014) 0150 (0154 0014)	
Principal Plac	e of Business	Mailing Address			
6761 ENTRADA PLAÇE 6761 ENTRADA PLACE					
BOCA RATON		BOCA RATON FL 33433			
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	1
				08/14/1997	
2. Principal P	lace of Business	2a. Mailing Address		4 FEI Number	-
21 6300		26 6300 Ult	A TIERRA	65.077.3807   Not Applicable	,
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional	7
22	WHOM ITE'	27		5. Certificate of Status Desired Fee Required	
City & Stat	BOCA RATION, FL	City & State  BOCA RA	ION, FC	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip2 2.1	Country	221122	Country	8. This corporation owes or has paid the current year Intangible	7
24 _334	25 USH	29 39469 31	OSM	Personal Property Tax due June 30. Yes No	_
	9. Name and Address of Current	Registered Agent	041 11	10. Name and Address of New Registered Agent	4
	ERMAN, CAROLINE H			SILUERMAN, CAROLINE. H	
	1 ENTRADA PLACE		82 Street A	Address (P.O. Box Number is Not Acceptable)	٦
BUC	CA RÁTON FL 33433		83	6300 VIA TIERRA	
			"		
	·		84 City	BOCA RATON FL 85 Zip Code 33433	
office or	registered agent, or both, in the State of	i Florida. Such change was autl	norized by the corpo	propriation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
agent. I	am familiar with, and accept the obligation	ons of, section 607.0505, Florid	a Statutés.		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if englicable (NOTE	Peoistered Arrent signature	e required when reinstating) DATE	١.
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12	<u></u> ۋ
TITLE	P	DELETE	1.1 TITLE	SILUERMAN, CAROLIATE IN Change Addition 6300 UIA TIERRA BOCA RATON, FL. 33433	_ 10
NAME	ENTRADA, CAROLINE H	i	1.2 NAME	SILUERMANICAROLIANS H	120
STREET ADORESS	6761 ENTRADA PLACE		1,3 STREET ADDRESS	6300 VIA TIEKNA	Ĭ
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	_  5
TITLE		L_] DELETE	2.1 TITLE	Change Addition	٠   ١
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		[-]	3.1 TITLE		$\dashv$
TITLE		L_ DELETE		Change Addition	'
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP		1	3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change Addition	$\exists$
NAME		L. Detere	4.2 NAME	Change - Position	•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	, ]
NAME		- <del>-</del>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		1
		i	0.0011102111211		- 1

14. I hereby certify that the Information supplied with this filling 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 supplied with this filling 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 supplied with this 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 of 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 the same legal effect as if made under oath; that if you have a supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated in section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated in section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated in section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in section 119.07(3)(ii), Florida Statutes. I further certify that the Information Infor

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