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

CORPORATION **ANNUAL REPORT** 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000077424 (4)

CHANDLER, INC.

FILED May 07 1998 8:00am Secretary of State

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Principal Place	e of Business	Mailing Address		- I HORNINGS VIR HEIN HOUSE BURN CONN CONN NOUN HOUSE BEGIN HICK HICK HOUSE CON TOUR	
499 E. PALMETTO PARK RD STE 229 BOCA RATON FL 33432		499 E. PALMETTO PARK RD STE 229 BOCA RATON FL 33432		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 09/08/1997	i
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number Applied For	r
21		26		65-0779488 Not Applica	_
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		Certificate of Status Desired \$8.75 Additiona Fee Required	ıł
City & State	е	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zιρ	Country	8. This corporation owes or has paid the current year Intangible	
24	25		30	Personal Property Tax due June 30. 📈 Yes 🔲 No	
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent	
l	ANDLER, ANDREW		81 Name		ı
499 E. PALMETTO PARK RD			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	E 229		83		
80	CA RATON FL 33432		<u> </u>		
			84 City	FL 85 Zip Code	
11. Pursuani	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of changing its register	red
office or re agent. I as	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flor	uthorized by the corporal rida Statutes.	tion's board of directors. I hereby accept the appointment as registere	od
SIGNATURE	•)
	Signature, typed or printed name of registered a		Registered Agent signature requi		
12.		ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition
TITLE NAME	d Chandler, andrew	EJ DELETE	1.2 NAME	Change C Add	
STREET ADDRESS	499 E. PALMETTO PARK RE	า	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP		- }
TITLE	300	☐ DELETE	2.1 TITLE	☐ Change ☐ Addi	ition
NAME			2.2 NAME		Į
STREET ADDRESS			2.3 STREET ADDRESS		ı
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change Addi	ition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	Change Addi	iting
TITLE NAME		T DETELE	4.1 TITLE 4.2 NAME	in oraning in word	i(IVII)
STREET ADDRESS			4.3 STREET ADDRESS		ı
CITY-ST-ZIP			4.4 City-ST-ZIP		1
TITLE		DELETE	5.1 TITLE	Change Addi	ition
NAME			52 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TIFLE	Change Addi	ition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-2#P	<u> </u>		6.4 CITY-ST-ZIP		
14. Thereby c	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 informati	ion

officer or director of the convoration or the judgiver 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.