
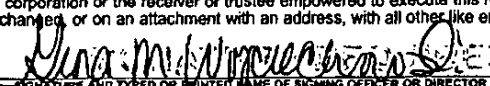


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90241 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000013679					
1. Corporation Name 51 CHAFFEE HOLDINGS CORP.					
Principal Place of Business 1509 N.E. 4TH AVENUE FT LAUDERDALE FL 33304			Mailing Address 1509 N.E. 4TH AVENUE FT LAUDERDALE FL 33304		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 02/11/1998					
2. Principal Place of Business 21 1776 North Pine Island Rd.		2a. Mailing Address 26 1776 North Pine Island Rd.		4. FEI Number 65-6290934	
Suite, Apt. #, etc. 22 Suite 218		Suite, Apt. #, etc. 27 Suite 218		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Plantation, FL		City & State 28 Plantation, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33322		Zip 29 3332		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25 USA		Country 30 USA			
9. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input checked="" type="checkbox"/> DELETE NAME JOHNSON, DOUGLAS P STREET ADDRESS 1509 N.E. 4TH AVENUE CITY-ST-ZIP FT LAUDERDALE FL 33304			1.1 TITLE P/T/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Crespi, Ted 1.3 STREET ADDRESS 1776 N. Pine Island Road, Suite 218 1.4 CITY-ST-ZIP Plantation, FL 33322		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.3 STREET ADDRESS Wojciechowski, Gina M. 2.4 CITY-ST-ZIP 2164 Northeast 27 Drive Wilton Manors, FL 33306		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: 
 Gina M. Wojciechowski, Vice President

4/30/99 954-565-5257
 Date Daytime Phone #

CR2E034 (1/98)