

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

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1999	
DOCUMENT #	P98000034339

1. Corporation Name

CHITE AND DEAL COTATE CODD

Principal Place 324 DATURA S SUITE 200 WEST PALM BE	TREET	Ma 324 SUI	iling Address DATURA STREET TE 200 ST PALM BEACH FL 3	3401				DO NO  3. Date Incorporated or Qu	T WRITE	IN THIS		
9 Dringing D	lead of Business	20	Mailing Address	<u>.</u>			_	04/13/1998 4. FEI Number		<del></del>	XI An	pfied For
2. Principal P 21	lace of Business	2a. 26	Maning Address					4. 7 Et Hambon				t Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Des	ired		\$8.75 / Fee Re	
City & Stat	e		City & State					6. Election Campaign Fina	ncing		\$5.00	May Be
23		28						Trust Fund Contribution			Added t	to Fees
Zip	Country		Zip	Cou	ntry			8. This corporation owes to	ne currei	nt year Inta		
24		29		30				Personal Property Tax.	Alaus Da	wintered i	☐ Yes	□No
	9. Name and Address of Cu	urrent Regist	tered Agent	_	81	Name		10. Name and Address of	New Ke	gistered	-dent	
LIAV	ES, RONALD W				01	мате						
	DATURA STREET				82	Street	Addres	s (P.O. Box Number is Not A	cceptab	le)		
	E 200				83			<del></del>				
	ST PALM BEACH FL 33401				*3							
WEG	OF PALIS BEAUTIFE 35401				84	City				FL	85 Zip (	Code
	to the provisions of Sections 607	7.0500 1.00	4500 Fb					ation authorita this statement	for the o		changing its	registered
SIGNATURE	m familiar with, and accept the o	obrigatione or,										
	Signature, typed or printed name of registere	ed agent and title if	applicable. (NOT	E: Registered	Agen	t signature r	required w	hen reinstating)		DATE		
12.	OFFICER	ed agent and title if S AND DIRE	CTORS	13.		t signature r		ADDITIONS/CHANGES	TO OFF			
				13.	n.e	t signature r	Te.	ADDITIONS/CHANGES		CERS AN	☐ Change	
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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 expowered 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 a address, with a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (11/98)