

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90006 016 \*\*\*150.00

**DOCUMENT # P98000038096**

1. Corporation Name

**CHATEAU CONSTRUCTION CORPORATION**

Principal Place of Business  
1199 SOUTH PATRICK DRIVE  
SATELLITE BEACH FL 32937

Mailing Address  
1199 SOUTH PATRICK DRIVE  
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/27/1998**

4. FEI Number

**593097255**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOSLEY, CURTIS R**  
**1221 EAST NEW HAVEN AVENUE**  
**MELBOURNE FL 32901**

81 Name

**Joseph Di Prima**

82 Street Address (P.O. Box Number is Not Acceptable)

**1199 So Patrick Dr.**

83

**SATELLITE BEACH, FL.**

84 City

**FL**85 Zip Code  
**32937**

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

*Joseph Di Prima*

(NOTE: Registered Agent signature required when reinstating)

**6-15-99**

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**  
NAME **DIPRIMA, JOSEPH**  
STREET ADDRESS **4182 YSIDRO WAY**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** ☒ DELETE  
NAME **LAIKIN, ANDREW R**  
STREET ADDRESS **1199 SOUTH PATRICK DRIVE**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Joseph Di Prima** ☒ Change ☒ Addition  
12 NAME **1199 So Patrick Dr.**  
13 STREET ADDRESS **SATELLITE BEACH, FL. 32937**

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 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:

*Joseph Di Prima*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 20, 1999** **407-777-2500**

Date

Daytime Phone #

CR2E034 (11/98)