

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90010 040 ***150.00

DOCUMENT # **P98000057209**

1. Corporation Name
Chase 2000 Corporation

Principal Place of Business Mailing Address
10151 University Blvd. #258
Orlando, FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
June 25, 1998

2. Principal Place of Business 21 10151 University Blvd.	2a. Mailing Address 26 3619 Scutoak Loop	4. FEI Number 59-3519882	Applied For Not Applicable
Suite, Apt. #, etc. 22 258	Suite, Apt. #, etc. 27	5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
City & State 23 Orlando, FL	City & State 28 Oviedo, FL	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 24 32817	Country 25 USA	Zip 29 32765	Country 30 USA

9. Name and Address of Current Registered Agent

William C. Malone
827 Menendez Court
Orlando, FL 32801

10. Name and Address of New Registered Agent

81 Name James Mitchell
82 Street Address (P.O. Box Number is Not Acceptable)
3619 Scutoak Loop
83
84 City Oviedo FL 85 Zip Code 32765

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 *James Mitchell*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/18/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Mitchell	1.2 NAME	
STREET ADDRESS	3619 Scutoak Loop	1.3 STREET ADDRESS	
CITY-ST-ZIP	Oviedo, FL 32765	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia W. Mitchell	2.2 NAME	
STREET ADDRESS	3619 Scutoak Loop	2.3 STREET ADDRESS	
CITY-ST-ZIP	Oviedo, FL 32765	2.4 CITY-ST-ZIP	
TITLE	Jane Wheeler <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4413 Pembroke Ave.	3.2 NAME	
STREET ADDRESS	Orlando, FL 32826	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *James Mitchell* James Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/99 407-359-7585
Date Daytime Phone #

CR2E034 (11/98)

P98000057207
579394-90010-40

Chase 2000 Corporation

Department of State
Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

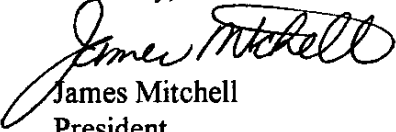
6/18/99

Katherine Harris,

I was informed by my accountant that the filing fee for Chase 2000 Corporation was not complete. I never received the form.

Thank you for sending the form out so quickly. Enclosed is the form completed with the check.

Sincerely,



James Mitchell
President

10151 University Blvd. Suite 258 Orlando, FL 32817
Phone: 407.359.7585 Fax: 407.359.7585