

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

DOCUMENT # P98000088504

1. Corporation Name

CHATEAU ENTERPRISES, INC.

Principal Place of Business

4641 NO. OCEAN BLVD.,APT.6  
LAUDERDALE-BY-THE-SEA FL 33308

Mailing Address

4641 NO. OCEAN BLVD.,APT.6  
LAUDERDALE-BY-THE-SEA FL 33308

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90177 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1998

4. FEI Number

36-4274522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4230 HARRINGTON Lane

2a. Mailing Address

26 4230 HARRINGTON Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Chicago, IL

City & State

28 Chicago, IL

Zip

Country

24 60646 25 COOK

Zip

Country

29 60646 30 COOK

9. Name and Address of Current Registered Agent

GREENE, RICHARD P P.A.  
2455 EAST SUNRISE BLVD.,STE.905  
FORT LAUDERDALE FL 33304

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D

STREET ADDRESS LEVINE, MEL

CITY-ST-ZIP 4641 NO. OCEAN BLVD.,APT.6

LAUDERDALE-BY-THE-SEA FL 33308

TITLE ☐ DELETE

NAME D

STREET ADDRESS NOVAK, GORDON

CITY-ST-ZIP 4641 NO. OCEAN BLVD.,APT.6

LAUDERDALE-BY-THE-SEA FL 33308

TITLE ☐ DELETE

NAME D

STREET ADDRESS TANG, BILL

CITY-ST-ZIP 4641 NO. OCEAN BLVD.,APT.6

LAUDERDALE-BY-THE-SEA FL 33308

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

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 773-777-3432

Date

Daytime Phone #

CR2E034 (11/98)