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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DIV

DOCUMENT # **P98000094191**1. Corporation Name

Principal Place of Business

NAME

STREET ADDRESS
CVEY+ST-ZIP

CHANTAL INVESTMENTS, INC.

125 N AIRPORT ROAD, STE 202 NAPLES FL 34104		NAPLES FL 34104						
	•					DO NOT WRITE IN TH	IIS SPACE	
•						 Date Incorporated or Qualified 11/05/1998 		
2. Principal Pl	ace of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number	/	Applied For
2		-	26			59-357070	1	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #,	etc.				\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee f	Required
City & State		City & State	City & State			6. Election Campaign Financing	•	May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Co	ountry		This corporation owes the current year		
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		<u> </u>		10. Name and Address of New Register	ed Agent	
				81	Name			
	dd, peter t N airport road, ste 202			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
	ES FL 34104			83				
				84	City		85 Zip	p Code
				ᆚᆜ		-	_	
office or re	to the provisions of Sections 607.09 egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such chang	e was authorize	ea by I	the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE	<u></u>					ed when reinstation) DATE		
	Signature, typed or printed name of registered a				signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TOPS IN 12
12.		AND DIRECTORS	13	TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	D CHARTAL LOUDERT STACE				1		☐ ooā.	
NAME	CHANTAL LOUBERT, STACE			NAME	j			
STREET ADDRESS	125 N AIRPORT ROAD, STE	202	1.3	STREET	ADDRESS			
CITY-ST-ZIP	NAPLES FL 34104			CITY-ST	- ZiP			- DAHMe-
TITLE	D	☐ DE	LETE 2.1	TITLE			Chang	e
NAME	MICHAEL SMITH, FLOYD		2.2	NAME				
STREET ADDRESS	125 N AIRPORT ROAD, STE	202	2.3	STREET	ADDRESS			
CITY-ST-ZIP	NAPLES FL 34104		2. 4	CITY-S	T-ZiP			
TITLE		□ DE	LETE 3.1	TITLE	1	OUShe De DAD - I	Chang	e Addition
NAME .			3.2	NAME	L.C	DEKI MEKIEN	. つ. - ->	·.Z `
STREET ADDRESS			33	STREET	ADDRESS/2	SN. ARRIEN SN. ARROLT LD. STE IRPLES, FL 34,04	LUS	
CITY-ST-ZIP				CITY-S	r-zip 🗘	IMPLES, FL 34,04		120
TITLE			LETE 4.1	TITLE			Chang	e Addition
NAME			4, 2	NAME				
STREET ADDRESS	•		4.3	STREET	ADDRESS			ĺ
CITY-ST-ZIP			4.4	CITY-S1	r-ZIP			
TITLE		☐ DE	LETÉ 5.1	TITLE			Chang	e
NAME			5.2	NAME				
STREET ADDRESS			5.3	STREET	ADDRESS			
CITY-ST-ZIP			5.4	CITY-ST	r-ZIP	<u></u>		
TITLE		□ DE	LETE 6.1	TITLE			Chang	e Addition

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:

April 15 / 99 (941)353-2030

6.3 STREET ADDRESS

1/98)

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90096 020 ***150.00

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