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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 17 1997 8:00am

Secretary of State

054-321-0000

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$08030

(6)

CHIC MARINE OF LAUDERDALE, INC.

									:A	
Principal Plac	e of Business	Mailing Address 2175 STATE ROAD 84 FT. LAUDERDALE FL 33312-4839						.010 #1841 01		
2175 STATE R FT. LAUDERDA										
						3. Date Incorporated or Qualified 10/22/1990		te of Las)1/1 99 (
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number				
21		26			65-0225093 Not Appli					
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional	
22		27			Fee Required					
City & State		City & State			6. Election Campaign Financing \$5.00 May Be					
Zip Country		Zip Country			Trust Fund Contribution Added to Fees					
		25 29 30 Name and Address of Current Registered Agent				This corporation has liability for intangible tax under s. 19 Florida Statutes Yes			rs. 199.032,	1
24						Florida Statutes Yes No 10. Name and Address of New Registered Agent				
DIT	ZARRO, DEBORAH L.	negistered Agent		B1	Name	IV. Name and Address of New No	gistereu r	(Bally		-
	9 E. COMMERCIAL BLVD.				L					
	TE 302				Street A	eet Address (P.O. Box Number is Not Acceptable)				
	LAUDERDALE FL 33308			83						
rı.	LAUDENDALE PL 33300			0.3	l					
				64	City		FL	85 Z	ip Code	
11 Pureuant	to the provisions of Sections 607 0503	2 and 607 1508. Florida Statu	des the s	boye	a-named (orporation submits this statement for the p		changin	n ite register	
office or r agent 1 a	registered agent, or both in the Stale am familiar with, and accept the obligation	of Florida. Such change was tions of, Section 607 0505, F	authorize Iorida Sta	d by	the corpo	pration's board of directors. I hereby accep	t the appo	ointment	as registered	ä
SIGNATURE										
	Signarine sylver or printed name or registived agor			d Age	nt signature n	equired when reinstating)	DATE			
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICE	EHS AND			
THILE	BARBARA LONGNECKER	טנננונ				LHARLES M. LONGOLECKE	•	L Chang	is faz t wonit	.1011
NAME	8636 GLENCAIRN TERRACE	1.2 N								l
STREET ADDRESS	MIAMI LAKES FL					DEN CLENIAN TERRACE				
CITY - ST - ZIP	DT	DELETE	217		T- 21P	MIAMI LAKES, FL. 330	סווט	Chang	ne Addit	tion
TITLE	LONGNECKER, BARBARA	[_] DLCCTC						CI CHARLE	je nuon	ווטו.
NAME	8636 GLENCAIRN TERRACE		2.2 N							
STREET ADDRESS	MIAMI LAKES FL				ADDRESS					
CHY-ST-ZIP TITLE	**************************************	DELETE	2. 4 C		ST-ZIP			Chang	ne Addit	lion
NAME			3.2 N					and shally	,//////	
STREET ADDRESS			1		ADDRESS					
			1		ST-ZIP	•				
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NAME		Land Secure	li li	NAME				- Single	,	
STREET ADDRESS					ADDRESS					
CITY-ST-7IP					IT-ZIP					
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NAME		C Section	5.2 N					- Simile	,	,
STREET ACORESS					ADDRESS					
CITY-ST-ZIP					T-21P				•	
TITLE		☐ DELETE	6.1 T		1-21F			Chang	ge 🔲 Addit	lion
NAME.			6.2 N						y- 10-001	
STREET ADDRESS					ADDRESS					
	1		20.33	TODAY	ADDITION I					

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 directly of the congregation or the received at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name