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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S81906

CHAPMAN GROUP, INC.

(7)

FILED May 08 1998 8:00am Secretary of State



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23 33 9 25 U.S.A 29 33 30 9 30 U.S.A Personal Property Tax due June 20 20 10 Name and Address of Current Replatered Agent 9. Name and Address of Current Replatered Agent 10. Name and Address of New Registered Agent 11. Name EMO CORPORATE SERVICES, INC. 100 N.E. 3R0 AVE. STE. #1100 FT LAUDERDALE FL 33301 24 City TL Universal to the provisions of Socious 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am fermiliar with, and accept the obligations of, Socious 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am fermiliar with, and accept the obligations of, Socious 607 0502 florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am fermiliar with, and accept the obligations of, Socious 607 0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am fermiliar with, and accept the obligations of, Socious 607 0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am fermiliar with, and accept the obligations of, Socious 607 0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am fermiliar with, and accept the obligations of, Socious 607 0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am fermiliar with, and accept the obligations of, Socious 607 0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am fermiliar with, and accept the obligations of, Socious 607 0506, Florida Statutes, the above-named corporations beared of directors. I hereby accept the appointment as registrations of socious agent. I am fermiliar with, and accept th	— —	AUDERBALE, FL		DALE, FL	· · · · · ·	\$5.00 May Be Added to Fees	
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11. Pursuant to the provisions of Sections 697 0502 and 697 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 697 0505. Florida Statutes. SIGNATURE Signature. Nymed or printed name of registered agent and post in the Statute of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 697 0505. Florida Statutes. SIGNATURE Signature. Nymed or printed name of registered agent aids and provided Agent aignature required when rearrating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TITLE DP CHAPMAN, ROBERT W. 2450 HOLLYWOOD BLVD SUITE 408 13 STREET ADDRESS CITY-S1-2P TITLE ST CHAPMAN, CLAUDETTE 19031 NE 20CT 19031	FT	LAUDERDALE FL 33301		83			
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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 on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the corporation of the receiver of the corporat	STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP	ertify that the information exposed with	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	in Section 119 07/30/6) Florido Statistas I fusbor	☐ Change ☐ Addition	