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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

Principal Place of Business

(2)

Mailing Address

CHASON ASSOCIATES, INC.

FILED Apr 10 1998 8:00am Secretary of State



2350 PALM LAKE DRIVE MERRITT ISLAND FL 32952			2350 PALM LAKE DRIVE MERRITT ISLAND FL 32952		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified 11/01/1991	O OI AVE	
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number		pplied For
21		26			59-3091934		ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State		27			5. Certificate of Status Desired	Fee Hequired	
		City & State	<u></u>		6. Election Campaign Financing		May Be
23	Country	28	T 0		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the o		_ ~ _
24	25 9. Name and Address of Curr	29	30		Personal Property Tax due June 30.		_] No
		ent negistered Agent	B1	Name	10. Name and Address of New Registers	a Agent	
	ason, carolyn c		"	Walte			
	SO PALM LAKE DRIVE		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
ME	RRITT ISLAND FL 32952		83	1			
			84	City	F	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 a	agent and title if applicable (NC	DTE: Registered Ac	jont signature requ	ulred when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	C	☐ DELETE	1.1 TITLE			Change	Addition
NAME	CHASON, CAROLYN C		1.2 NAME],
STREET ADDRESS	2350 PALM LAKE DRIVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32952)	1.4 CITY-	}			
TITLE	P	DELETE	2.1 TITLE	0, 1,		Change	Addition
NAME	CHASON, DEREK A		2.2 NAME				
STREET ADDRESS	2350 PALM LAKE DR			T ADDRESS			Ì
CITY-ST-ZIP	MERRITT ISLAND FL		2. 4 CITY-				ł
TITLE	111011111111111111111111111111111111111	DELETE	3.1 TITLE	31-21		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP				Į.			1
TITLE		DELETE	3.4 CITY- 4.1 TITLE	31-21		Change	Addition
NAME		- Jecele	4. 2 NAME			T Alteribe	
STREET ADDRESS							
				T ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-	ST-ZIP			
TITLE		L DELETE	5.1 THLE			Change	Addition
NAME			52 NAME				
STREET ADDRESS			5.3 STREE	T ADDRES\$			
CITY-ST-ZIP			5 4 CiTY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			i
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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.