FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S92848** **(8)**

1. Corporate Name

STERLING CHASE DEVELOPMENT, INC.

Principal Place of Business

3921 S. NOVA RD.
PORT ORANGE FL 32127

Mailing Address

3921 S. NOVA RD.
PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **11/08/1991**

3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # or
22

Suite, Apt. # or
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: **59-3096900** ☐ 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 is subject for corporate tax under S. 190.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SLIGER, GUS A.
3921 S. NOVA ROAD
PORT ORANGE FL 32127

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 Section(s) 607.1007 and/or 607.1908, 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(s) 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS

01 TITLE	DP
02 NAME	SLIGER, GUS A.
03 STREET ADDRESS	3921 S. NOVA RD.
04 CITY ST ZIP	PORT ORANGE FL
05 TITLE	DV
06 NAME	BLEDSOE, JAMES R.
07 STREET ADDRESS	3921 S. NOVA RD.
08 CITY ST ZIP	PORT ORANGE FL
09 TITLE	ST
10 NAME	~~SLIGER, ANA MARIA~~
11 STREET ADDRESS	~~3921 S. NOVA RD.~~
12 CITY ST ZIP	~~PORT ORANGE FL~~
13 TITLE	
14 NAME	
15 STREET ADDRESS	
16 CITY ST ZIP	
17 TITLE	
18 NAME	
19 STREET ADDRESS	
20 CITY ST ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

01 TITLE	☐ Change ☒ Addition
02 NAME	
03 STREET ADDRESS	
04 CITY ST ZIP	**ZIP 32127**
05 TITLE	☐ Change ☒ Addition
06 NAME	
07 STREET ADDRESS	
08 CITY ST ZIP	**ZIP 32127**
09 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY ST ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY ST ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 of changed, or on an attachment with an address.

SIGNATURE: ✓ GUS SLIGER PRES. 5/3/95 904-761-5585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUS SLIGER

Daytime Phone #

0012016 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # **S93318** **(1)**

LCH PROPERTIES, INC.

Principal Address: 4135 NW 132ND ST, MIAMI FL 33054

Mailing Address: 4135 NW 132ND ST, MIAMI FL 33054

3. Date Incorporated: 11/12/1991

3a. Date of Last Report: 05/31/1994

4. FEI Number: 65-0383427 [ ] 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 has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOEBL, ELENA 2321 NE 211 STREET MIAMI FL 33180	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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[ ] Change [ ] Addition
NAME	LOEBL, ARI	
STREET ADDRESS	4135 NW 132ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TS	[ ] Change [ ] Addition
NAME	LOEBL, ELENA	
STREET ADDRESS	4135 NW 132ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: Elena Loebl 5/4/95 (305) 681-6885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0101417 CP