

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # V36089 (3)
1. Corporation Name
CHASLAUR CONSOLIDATED ENTERPRISES, INC.

Principal Place of Business 93-B ORANGE STREET ST. AUGUSTINE FL 32084 US	Mailing Address P.O. BOX 4077 ST. AUGUSTINE FL 32085 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 25 Old Mission Avenue Suite, Apt. #, etc. 22 City & State 23 St. Augustine, FL Zip Country 24 32084 25		2a. Mailing Address 26 P.O. Box 4077 Suite, Apt. #, etc. 27 City & State 28 St. Augustine, FL Zip Country 29 32085-4077 30		3. Date Incorporated or Qualified 05/11/1992 4. FEI Number 59-3121335 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
--	--	--	--	--	--

9. Name and Address of Current Registered Agent HALL, CHARLES E. 93-B ORANGE STREET ST. AUGUSTINE FL 32084		10. Name and Address of New Registered Agent 81 Name Charles E. Hall 82 Street Address (P.O. Box Number is Not Acceptable) 25 Old Mission Avenue 83 84 City St. Augustine FL 85 Zip Code 32084	
---	--	--	--

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 Charles E. Hall
Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when reinstating)
DATE 1/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HALL, LAURELLE A 3770 LAUREL ST ST AUGUSTINE FL <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HALL, CHARLES P.O BOX 4077 N/A ST AUGUSTINE FL <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	PT Charles E. Hall 3770 Laurel Street St. Augustine, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  3/2/98

CR2E034 (10/97)