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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V57382

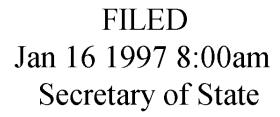
(6)

Corporation Name	•	 	
CHATHAM PARK,	INC.		

Principal Place of Business 2711 CHATHAM CIRCLE

Mailing Address

2711 CHATHAM CIRCLE





KIGOIMMEE LL	39790	KISSIMMEE FL 34/4	10-0153						
						3. Date Incorporated or Qualified 08/10/1992	3a. Date 06/19/		Report
2. Principal Place of Business 28. Mading Address			S			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	[A	oplied For
21		26				59-3144522		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		tc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	€	City & State				Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
Zip	Country	Zφ	С	ountry	······································	8. This corporation has liability for i			
24	25	29	30	•			Yes 1		. 199.002,
	9. Name and Address of Cur		1,77	Т		10. Name and Address of New Re			
CHA	RNOCK, WILLIAM T III			81	Name				
	S SPRING HILL DRIVE			-		(0.0.5)			
	ING HILL FL 34606			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
.				83					
				84	City	P1.10F1	[6	15 Zip	Code
						poration submits this statement for the p	PL		
agent I ai SIGNATURE	m familiar with, and accept the ob-	oligations of, Section 607.05	05, Florida Si	tatute	S .	tion's board of directors. I hereby accepted when reinstaling)	t the appoint	ment as	registered
12.		AND DIRECTORS	13		in altitude inde	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
TITLE	D	DELE		TITLE				Change	Addition
NAME	DAVIES, MICHAEL J		1.2	NAME					
STREET ADDRESS	2711 CHATHAM CIRCLE				ADDRESS				
CITY-ST-7F	KISSIMMEE FL			CITY - S					
TOLE		DELE		TITLE	11-21			Change	Addition
NAME				NAME				Onlinge	L.J Maniton
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP				4 CITY -:					
TITLE		DELE		TITLE	ST-ZIP			Change	Addition
NAME		المبيا لادد		NAME		-	لــا	Change	Audition
STREET ADDRESS					ADDDECO				
CITY-ST-ZIP					ADDRESS				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELE		. CITY-S TITLE	51-711			Change	Addition
NAME				NAME				Onlange	Addition
STREET ADDRESS					ADDRESS				
					i				
CITY - ST - ZIP TITLE		DELE		CITY - S	1 - ZIP			Change	Addition
NAME		L. DECE		NAME			ш	Ormilia	L. Addition
i					1555550				
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP THILE		DEt.E		CITY-S	T-ZIP		·····	Char	j aans
		וויין טונגנ	1	TITLE			Ш	Change	Addition
NAME				NAME					
STREET ADDRESS			•		ADDRESS				
CITY - ST - ZIP			6.4	CITY-S	T-ZIP				

I do hereby certify that the information supplied with this Hing 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 suppliemental 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 confidence with an address.

SIGNATURE: