

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V74245 (4)  
1. Corporation Name:

CHESTNUT INVESTMENT CORP.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

10/26/1992

3a. Date of Last Report

02/20/1996

4. FEI Number

65-0490859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21. 2500 Hollywood Blvd.

Suite, Apt. #, etc.

22. Suite 212

City & State

23. Hollywood, Fl.

Zip

24. 33020

Country

25. Broward

2a. Mailing Address

26. 2500 Hollywood Blvd.

Suite, Apt. #, etc.

27. Suite 212

City & State

28. Hollywood, Fl.

Zip

29. 33020

Country

30. Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

Ross H. Manella ESQ

82. Street Address (P.O. Box Number is Not Acceptable)

2500 Hollywood Blvd.

83.

Suite 212

84. City

Hollywood,

FL

85. Zip Code

33020

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]*

ROSS H. MANELLA

4/14/97

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DPS

BLOOM, HY

4770 KENT AVE., Suite 100

MTL QUEBEC CANADA

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VT

CROLL, REUBEN

4770 KENT AVE., SUITE 100

MTL QUEBEC CANADA

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

400002151654  
-04/23/97--01046--025  
\*\*\*165.00

14. I do 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HY BLOOM

*[Signature]*

DATE

CR2E034 (9/96)