

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

FILED

**Apr 11 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 # 326162 (5)
1. Corporation Name
CHASE FINANCIAL CORPORATION OF FL



Principal Place of business Mailing Address
2400 MAITLAND CTR PKWY STE 210 MAITLAND FL 32751 US
250 WEST HURON CLEVELAND OH 44113-1451

3. Date Incorporated or Qualified **02/07/1968** 3a. Date of Last Report **03/05/1996**
4. FEI Number **34-1020362** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ZYCH, LEONARD A | |
| STREET ADDRESS | 250 WEST HURON | |
| CITY - ST - ZIP | CLEVELAND, OH 00000 | |
| TITLE | SVD | <input type="checkbox"/> DELETE |
| NAME | BOYLAN, THOMAS M | |
| STREET ADDRESS | 250 WEST HURON | |
| CITY - ST - ZIP | CLEVELAND, OH 00000 | |
| TITLE | EVPD | <input type="checkbox"/> DELETE |
| NAME | RHEA, J D | |
| STREET ADDRESS | 250 WEST HURON | |
| CITY - ST - ZIP | CLEVELAND OH | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | KAPITAN, ROBERT J | |
| STREET ADDRESS | 250 WEST HURON | |
| CITY - ST - ZIP | CLEVELAND, OH 00000 | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | BASIL, DAVID A | |
| STREET ADDRESS | 250 WEST HURON | |
| CITY - ST - ZIP | CLEVELAND, OH 00000 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | HYLAND, PATRICK F | |
| STREET ADDRESS | 250 WEST HURON | |
| CITY - ST - ZIP | CLEVELAND, OH 00000 | |

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | SVD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | E. Kennedy Carter Jr. | |
| 1.3 STREET ADDRESS | 250 West Huron | |
| 1.4 CITY-ST-ZIP | Cleveland, OH 44113 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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: *Robert J. Kapitan* Robert J. Kapitan, Vice President 4/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)