FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996	Go un or	DIVIS	
DOCUMENT #	P9400000	5030	

(9)CHA-CHA-CHA, INC.

3320 ST. CHARLES CIRCLE **BOCA RATON FL 33434**

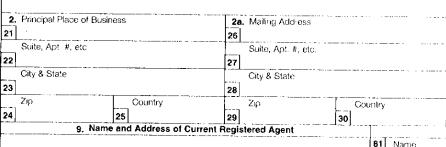
BOVA, ANTHONY

3320 ST. CHARLES CIRCLE **BOCA RATON FL 33434**

Principal Place of Business

Mailing Address

3320 ST. CHARLES CIRCLE **BOCA RATON FL 33434**





 \Box

3a. Date of Last Report

08/24/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

		Trust Fund Contribution		Added to Fees
30	Dountry	8. This corporation has liability Florida Statutes	y for intangible t Yes □ No	ax under s 199.032,
ent		10. Name and Address of N	ew Registered	Agent
	81 Name			
82 Street Add		ress (P.O. Box Number is Not Acce	eptable)	
	83			
	84 City		 FI	85 Zip Code
orida Statutes, the a	LL above named comor	ration submits this statement for the	e numose of ch	anging its registered off

3. Date Incorporated or Qualified

01/11/1994

65-0467825

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as present

	Skynature, typed or printed name of registered agreet and trib		11. Begistere: Agent signature require		
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	□ DELETE	1. 1 TATLE	☐ Change ☐ Ado	ition
NAME	BOVA, ANTHONY		1.2 NAME		
STREET ADDRESS	3320 ST. CHARLES CIRCLE		13 STREE! ADDRESS		
C(TY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY - S1 - ZIP		
TITLE		DELETE	2 1 TITLE	Change Add	tion
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CHY-ST-ZIP			2.4 CITY - ST - ZIF		
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Add	ition
NAME			32 NAME	-	
STREET ADDRESS			33 STREET ADDRESS		
CHTY-ST-ZIP			3.4 CrTY-ST-7(P)		
TITLE		☐ DELETE	4. 1 THE	Change Add	tion
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 THLE	Crange	tion
NAME			5.2 NAME		
STREE! ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CHTY - ST - ZIP		
TIFLE		☐ DELETE	6 1 TITLE	Change Addi	tian
NAME			6 2 NAME	_ owngs _ ross	311
STREET ADDRESS			G.3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CITY-ST-ZIP		

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)(k). 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 trusted 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: __

NING OFFICER OR DIRECTOR

407-392-5595