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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State 1 **DIVISION OF CORPORATIONS**

DOCUMENT # F9400005434

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90070 041 ***150.00

18-CHA	I CORP.				
Principal Pla	ice of Business	Mailing Address			II OUIDI DINKI DİDEK IKKIR EKRI 100%
7303 N. CICERO AVENUE 7303 N. CICERO AVENUE LINCOLNWOOD IL 60646 LINCOLNWOOD IL 60646			•		
			•		,
				DO NOT WRITE IN TH	IS SPACE
,				3. Date incorporated or Qualifed 10/19/1994	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	44.	26		36-3428205	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	- 1J.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25	29	30	Personal Property Tax.	☐Yes ☐No
	9 Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
, CT	CORPORATION SYSTEM		or Name		
120	CORPORATION SYSTEM 0 SOUTH PINE ISLAND ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33324		83	4 3 5 5 1 4 4 4 4 5 5 6 6 6 5 5 5 5 5 5 5 5 5 5 5	or fig. (a. b. or f.
					二十二代關係[[6]
			84 City	F	85 Zip Code
11. Pursuani	t to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the above-named corp	poration cultimite this atotomost for the purpose	of abanaina ita saalatarad
onice or	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was :	authorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	· -	•	onda otalulos.		
		t and title if applicable (\$10T	C. Desistant Association (
12.			E: Registered Agent signature require		AND DIRECTORS IN 12
12. TITLE	OFFICERS AND		E: Registered Agent signature require 13. 1.1 TITLE	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
	OFFICERS ANI	D DIRECTORS	13.		ND DIRECTORS IN 12 Change Addition
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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 of 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, with an address, with all other like empowered.

SIGNATURE:

(847) 676-4300