05-05-1999 90099 029 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	MENT # K17481 CH INTERNATIONAL, INC.						
Principal Place	of Business	Mailing Address					AUIL BLULL BLUIL 1881
3810 GUNN HIGHWAY 3810 GUNN HIGHWAY					ļ		
TAMPA FL 33624 TAMPA FL 33624				DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed		
					03/08/1988		
2. Principal Place of Business 2a. Mailing Address						Applied For	
21 Pillicipal Fi	· Dusiness	26			59-2877958		
Suite, Apt.	Suite, Apt. #, etc.	C.		•	\$8.75 Additional		
27					5. Certifcate of Status Desired	Fee	Required
City & State	9	City & State	City & State		6. Election Campaign Financing	1 1	00 May Be
23 28			Trust Fund Contribution			Add	led to Fees
Zip	Country Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax.		Пыс
24	25		30		Personal Property Tax. 10. Name and Address of New Re		
	9. Name and Address of Curre	nt Registered Agent	81	Name	(U. Name and Address of New Ad	sgistered Agen	
KRAI	FFT, RANDALL W.		Ĺ				
3810 GUNN HIGHWAY			82	2 Street Add	ess (P.O. Box Number is Not Acceptable)		
TAMPA FL 33624			83	83			
							7:- Codo
	•		84	4 City		FL 85 2	Zip Code
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obligi Signature, typed or printed name of registered age	of Florida. Such change was at ations of, Section 607.0505, Flor	ithorized by ida Statute	y tne corporati s.	poration submits this statement for the poor's board of directors. I hereby accept accept when reinstating)	the appointment a	s registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	EOP DELETE		1.1 TITLE			Char	nge
NAME .	KRAFFT, RANDALL W.		1.2 NAME				Ì
STREET ADDRESS	1205 PARRILLA		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CiTY-:	ST-ZIP			nge Addition
TITLE	"		2.1 TITLE				ige Addition
NAME	ALBRIGHT, WAYNE C.		2.2 NAME				
STREET ADDRESS	5028 POSTELL DRIVE		1	ET ADDRESS			1
CITY-ST-ZIP	HOLIDAY FL □ DELETE		2. 4 CITY- 3.1 TITLE			Char	nge Addition
TITLE NAME	U1		3.2 NAME			<u>_</u>	
STREET ADDRESS	**** - *****************************			ET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY-				
TITLE	-, 41747 - 5 7 10	☐ DELETE	4.1 TITLE			Chai	nge
NAME (4. 2 NAME				
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY+ST+ZIP			4.4 CITY-	ST-ZIP			
TITLE	☐ DELETE 6		5.1 TITLE			Chai	nge
NAME			5.2 NAME				
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP			5.4 CITY-				nge
TITLE		☐ DELETE	6.1 TITLE			Chai	iãe □ Vagrinou
NAME			6.2 NAME	ET ADDRESS			
STREET ANDRESS	[· · ·		■ 0.351KL	E I AUURESS			

CITY-ST-ZIP 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 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 pinan attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RANDALL W. KRAFFT
TYPER DY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 1999

813-960-7000