**FILED** 

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90093 031 \*\*\*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

<ol> <li>Corporation</li> </ol>	MENT # 338741 CHT PORT O'CALL, INC.											
Principal Place	of Business	Mai	ling Address			. ,			toł fiel dibil die	lit BfBil Bibli 3	IDIR EIBIN IDDI	
1300 AIRPORT BOULEVARD			1300 AIRPORT BOULEVARD				ļ	•				
MELBOURNE FL 32901			MELBOURNE FL 32901					DO NOT WRITE IN THIS SPACE				
								Date Incorporated or Qualifed	IE IN IFIIS			
							] J.	12/11/1968				
2. Principal Pl	ace of Business	2a.	Mailing Address	_			4.	FEI Number		Apı	olied For	
21			26					59-1278821		Not	Applicable	
Suite, Apt. #	¥, etc.		Suite, Apt. #, etc.				5	Certificate of Status Desired		\$8.75 A	I	
22		27					· ·	- Continuate of Grands Books		Fee Re		
City & State	-	$\vdash$	City & State				6.	Election Campaign Financing		\$5.00 Added to		
23	O-vote:		Zip Country				<del> </del>	Trust Fund Contribution	ant waar Into		o rees	
Zip	Country 25	29	— ·				8.	This corporation owes the curr Personal Property Tax.			□No	
24	9. Name and Address of Curren			<u>,,,,                                 </u>			10.	Name and Address of New F	Registered A	gent		
JAMES F. WELLER 1300 S. AIRPORT BLVD. MELBOURNE FL 32901				82	2	Street Ad	ddress (P.O. Box Number is Not Acceptable)  FL 85 Zip Code					
office or re agent. I ar	to the provisions of Sections 607.050 ogistered agent, or both, in the State in familiar with, and accept the obliga	of Florida tions of, \$	a. Such change was aut Section 607.0505, Florid	da Statute	ytr es.	ne corpora	ation's bo	pard of directors. Thereby accep	numose of c	hanging its tment as reg	registered gistered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE Re  12. OFFICERS AND DIRECTORS				13.	gistered Agent signature requir			ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	PD	ID DIREC	☐ DELETE	1.1 TITLE			•			Change	☐ Addition	
NAME	WELLER, JAMES F.			1.2 NAME		ļ						
STREET ADDRESS	1300 S. AIRPORT BLVD.			1.3 STRE	ETA	ADDRESS						
CITY-ST-ZIP	MELBOURNE, FL 00000			1.4 CITY-	ST-	ZIP						
TITLE	<b>VPD</b> $\square$ D		☐ DELETE	2.1 TITLE						☐ Change	☐ Addition	
NAME	KOONTZ, PHILIP			2.2 NAME	Ξ	1						
STREET ADDRESS	1300 S. AIRPORT BLVD.			2.3 STRE	ET A	ADDRESS					[	
CITY-ST-ZIP	.,,			2. 4 CITY-ST-ZIP					☐ Change	☐ Addition		
TITLE			☐ DELETE	3.1 TITLE		- 1				Change		
NAME	MOORHEAD, CHARLES			1	3.2 NAME							
STREET ADDRESS				3.3 STREET ADDRESS								
CITY-ST-ZIP	MELBOURNE, FL 00000 SD			4.1 TITLE	4. CITY-ST-ZIP				·-··	Change	Addition	
NAME	50			1.2 NAME					-			
STREET ADDRESS	1300 S AIRPORT BLVD					ADDRESS						
CITY-ST-ZIP	MELBOURNE FL			4.4 CITY-								
TITLE	metronic / b		☐ DELETE	5.1 TITLE	_					☐ Change	☐ Addition	
<u> </u>				5.2 NAME	=	1						

CITY-ST-ZIP 14. 1 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 enanged, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

Addition