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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 465269

(9)

CHAMPION COMMERICAL BROKERS, INC.

FILED
Apr 16 1998 8:00am
Secretary of State

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Principal Place of Business   Mailing Address   Se23 US 19   SUITE 150   NEW PORT RICHEY FL 34652   US   SUITE 150   NEW PORT RICHEY FL 34652   SUITE 150   NEW PORT RICHEY FL 34652   SUITE 150   SUITE 150   SUITE 150   NEW PORT RICHEY FL 34652   SUITE 150   SUIT	5623 US 19 5623 US 19 SUITE 150 SUITE 150 NEW PORT RICHEY FL 34652 NEW PORT RICHEY	′ FL 34652			
SUITE 150 NEW PORT RICHEY FL 34652 US  SUITE 190 NEW PORT RICHEY FL 34652 US  3. Date Incorporated or Qualified 11/21/1974  2. Principal Place of Busines 26. Mailing Address 4. FEI Number 59-1661403	SUITE 150 SUITE 150 NEW PORT RICHEY FL 34652 NEW PORT RICHEY	r FL 34652	DO MOT WOITE IN THIS COASE		
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US  3. Date Incorporated or Qualified 11/21/1974  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1661403 Not Applied For 59-1661403 Not Applied Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 22 City & State 28 Zip Country 29 Zip Country 29 30 Country 21 Zip Country 29 30 Country 29 30 Country 20 30 Country 21 21 22 28 30 Country 28 30 Country 29 30 Country 20 30 Country 20 21 22 28 30 Country 20 28 30 Country 20 29 30 Country 30 Country 40 Coun		FL 34652			
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21			·		
Suite, Apt #, etc  22  City & State  Country  Zip  Country  Zip  Country  R. This corporation owes or has paid the current year Intagnible Personal Property Tax due June 30. Yes No No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  EGOR G. SHLOPAK 5030 WEST SHORE DR NEW PORT RICHEY FL 34852  81  Street Address (P.O. Box Number is Not Acceptable)  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typic or printed name of registered agent and title if applicable  (NOTE Registered Agent signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2. Principal Place of Business 2a. Mailing Address		1 1/9/2	ed For	
22 City & State  Country  Country  Country  Country  Country  Registered Agent  Some and Address of Current Registered Agent  EGOR G. SHLOPAK  5030 WEST SHORE DR  NEW PORT RICHEY FL 34652  Registered Agent  10. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Flux 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 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  Signature typed or printed name of registered agent and title if applicative  (NOTE Registered Agent signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	21 26		<b>59-1661403</b> Not A	Applicable	
City & State  Country  Zip  Naded to Fees  Xins corporation owes or has paid the current year Intangible  Personal Property Tax due June 30.		<u>پ</u>			
Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No Name and Address of New Registered Agent  EGOR G. SHLOPAK 5030 WEST SHORE DR NEW PORT RICHEY FL 34652  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent aignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 19.			Fee Requ	pired	
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25 28 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  EGOR G. SHLOPAK 5030 WEST SHORE DR NEW PORT RICHEY FL 34652  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  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 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  Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 11.2					
9. Name and Address of Current Registered Agent  EGOR G. SHLOPAK 5030 WEST SHORE DR NEW PORT RICHEY FL 34652  82 Street Address (P.O. Box Number is Not Acceptable)  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or printed name of registered agent and title if applicable  (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12		<b>⊢</b> , ·		gible	
EGOR G. SHLOPAK 5030 WEST SHORE DR NEW PORT RICHEY FL 34652  83  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 registerer 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  Signature typed or printed name of registered agent and title if applicable  (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12		30		No	
5030 WEST SHORE DR NEW PORT RICHEY FL 34652  82 Street Address (P.O. Box Number is Not Acceptable)  83 PL 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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS II 12.		leal A	10. Name and Address of New Registered Agent		
NEW PORT RICHEY FL 34852  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    Signature typed or printed name of registered agent and little if applicable   (NOTE Registered Agent signature required when reinstating) DATE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		81 Name			
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    Signature typed or printed name of registered agent and lifte if applicable   (NOTE Registered Agent signature required when reinstating)   DATE		82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
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 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  Signature typed or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12	NEW PORT RICHEY FL 34852	83			
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SIGNATURE Signature typed or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida S	Statutes, the above-named	corporation submits this statement for the purpose of changing its r	egistered	
SIGNATURE Signature typed or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	agent. I am familiar with, and accept the obligations of, Section 607,050	was authorized by the corp 15, Florida Statutes.	oration's board of directors. I hereby accept the appointment as re-	gistered	
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
	Signature typed or printed name of registered agent and title if applicable	[NOTE: Registered Agent signature	equired when reinstating) DATE		
	"""	E 1.1 TITLE	Change [	Addition	
NAME SHLOPAK, EGOR G. 12 NAME		1.2 NAME			
STREET ADDRESS 5030 WEST SHORE DR 1.3 STREET ADDRESS		1.3 STREET ADDRESS			
CHY-SI-ZIP NEW PORT RICHEY FL 14 CHY-SI-ZIP					
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CITY-ST-ZIP	NAME	6.2 NAME			

14. Thereby 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 typical employees 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 typical employees in Block 12 or Block 13 if chapted, or on an attackment with an address.

CIONIATUDE.

Manual EGOR

FOR G. SHLODAK 4/15/98 (013) 847-279

CR2E034 (10/9