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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED May 01 1998 8:00am Secretary of State

CHI	ESS Grove Ca	retating,	Inc		:
Principal Pial	ce of Business. W. Graham	Park Park			
Haines City, Fl 33844				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
,,,,,		33844		97 - 07 - 1978	
-	Place of Business	2a. Ma lirig Addres	SS	4. FEI Number 59 - 1839072	Applied For
Suite. Apl	#, etc	Suite, Apt. #, el	lc.		Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	C ty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes 🔲 No
·· ·	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registe	ered Agent
Myers, C.B. 130 E. Central Ave Helse Wales, Fl-33853 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City EL 85 Zip Code					
ZVV	yeld, C.K.	1.	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
138	B. Central i	rve	83		
40	ISP Wales, F	1-33853	84 City		85 Zip Code
	•		1 1 7		FL () (
onice or i	to the provisions or Sections 607 05 registered agent, or both in the Stati im familiar with, and accept the oblid	e of Florida, Such change	was authorized by the corporal	ocration submits this statement for the purpo tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	ии та дығас м ігі, ало ассері тіс оры	gations of, Section 607.05	ob, Florida Statutes		
	Signature, typind ne publical carese of registerial ac		(NCTE: Registered Agent's gnature requi		A1E
12. TITLE	OFFICERS AT	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
NAME	Witter Haral	113	11 1111E 12 NAME		☐ Change ☐ Addition
STREET ADDRESS	ASID INTER CT.	5 F.	1 3 STREET ADDRESS		Ì
CITY-ST-7IP	WINTER HAVE	en Fl	1.4 CITY - ST - ZIP		
TITLE	517	☐ DELET	TE 21 TITLE		Change Addition
NAME	MCTEEL, LOVIS	5 Hack	2.2 NAME		
STREET ADDRESS	370 W OS 0 DAM		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Hairles 0/14/	DELET	2 4 CITY - ST - ZIP IE 3 1 TITLE		☐ Change ☐ Addition
NAME	•		3 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			3 3 STHEET ADDRESS		
CITY-ST-ZIP			3 4 CHY-ST-ZIP		
TITLE		DELET	TE 4.1 TITLE		☐ Change ☐ Addition
NAME OTOTES ADDRESS			4 2 NAME		
STREET ADDRESS CITY-\$1-7IP			4.3 STREET ADDRESS		
TITLE		DELET	4.4 CHY: \$1-ZIP E		Change Addition
NAME			S 2 NAME		Onlarigo Co Magnition §
STREET ADDRESS			5.3 STHEET ADDRESS		ļ
CITY+ST-ZIP			5.4 CHY+S1+7IF		
TITLE		☐ DELET			☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME	600002509 -05/04/9801057 ***150.00	7426
CITY-ST-ZIP			63 STREET ADDRESS 64 CHY ST-ZIP	***150.00	[_ne-2/ ,
	ertify that the information supplied w	vitis this filling does not rue		Section 119 07(3)(i) Floring Statutes I further	

Increby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this anitual 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 expect 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.