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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 609166

1. Corporation Name

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90084 048 ***150.00

	C/CHUNN PROPERTIES, INC	•	_					
Principal Place	of Business	Mailing Address				MIL BINGS OF MILE	SI MISH BIRIT INDI	
•		P. O. BOX 10187						
P. O. BOX 10187 P. O. BOX 10187 Tampa Fl 33679-7187 Tampa Fl 33679-7187					•			
THE TE SOOT TO				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			1
					02/08/1979			4
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	4
21		26			59-1885083		Not Applicable	┨
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional Required	1
22		27 City 9 State						┪
City_& State	<u>e</u>	City & State			6. Election Campaign Financing Trust Fund Contribution	•	0:May:Be=	
23	Country		Cou	ntrv	8. This corporation owes the current year		1 003	1
Zíp	25 Country	29	30	iu y	Personal Property Tax.	[] Yes	□No	
24	9. Name and Address of Curren		30		10. Name and Address of New Registe	red Agent		1
·	3. Name and Address of Culton	r registered Agens		81 Name			<u> </u>	7
MEN	IDEZ, CHARLES E JR				(DO D. M. stars in Nat Association)			4
601 S MAGNOLIA AV				82 Street Ad	dress (P.O. Box Number is Not Acceptable)			ļ
TAM	PA FL 33606		,	83				1
								4
				84 City	ı	FL 85 Zi	p Code	
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Stati of Florida. Such change was tions of, Section 607.0505, F	utes, the a authorized lorida Stati	bove-named co by the corpora ites.	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing ppointment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered	Agent signature requ	uired when reinstating) DATI	E	 _] ;
12.	OFFICERS AN							
TITLE	OI FICEING FOR	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			3
	٧D	D DIRECTORS	13.	tE	ADDITIONS/CHANGES TO OFFICERS	S AND DIREC		- 3
NAME	VD MENDEZ, LAWRENCE D			\ \	ADDITIONS/CHANGES TO OFFICERS			20,44,00
Y .	VD MENDEZ, LAWRENCE D 3400 LYKES AVENUE		1.1 TT 1.2 N/	\ \	ADDITIONS/CHANGES TO OFFICERS			010010
NAME	VD MENDEZ, LAWRENCE D 3400 LYKES AVENUE TAMPA, FL 00000	☐ DELETE	1.1 TII 1.2 N/ 1.3 ST 1.4 CF	ME REET ADDRESS Y+ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Chang	e	7
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD MENDEZ, LAWRENCE D 3400 LYKES AVENUE TAMPA, FL 00000 PD MENDER, CHARLES E 2 WEST WESLEY RD 8#	☐ DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CF 2.1 TC 2.2 N/	ME REET ADDRESS Y+\$T-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Chang	e	7
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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 corporator 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 chapted, at an an additional statutes, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF THECTOR