

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 615392

(8)

CHALLENGER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

205 SOUTH SIXTH AVENUE
UNIT A
SAFETY HARBOR FL 34695-3935
US

P.O. BOX 285
SAFETY HARBOR FL 34695-0285
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

NICHOLSON, ANDREW M
205 SOUTH SIXTH AVENUE
SAFETY HARBOR FL 34695-0935

3. Date Incorporated or Qualified

03/26/1979

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1898447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 the corporation

(Note: Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PTD
NICHOLSON, ANDREW M
205 SOUTH SIXTH AVENUE
SAFETY HARBOR FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
NICHOLSON, ANDREA C
205 SOUTH SIXTH AVENUE
SAFETY HARBOR FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE 22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE 32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE 42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE 52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE 62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/96 (904) 736-3900

CR2E034 (3/96)