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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 615392

(8)

CHALLENGER ENTERPRISES, INC.

FILED Jan 16 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		Libbito Atthe side alter line serre sini sina ele-	
205 SOUTH SIXTH AVENUE P.O. BOX 285 UNIT A SAFETY HARBOR FL 34695-0285 US US			S95- Q 285	DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE
"				03/26/1979	
2. Principal Pl	ace of Businoss	2a. Mailing Address		4, FEI Number	Applied For
21 3411 BRIATURED LANQ 26				59-1898447	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
		27			Fee Required
F		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _{(p}	Country	8. This corporation owes or has paid the cu	
24 346A 5.		29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
24	9. Name and Address of Current			10. Name and Address of New Registered	l Agent
NICHOLSON, ANDREW M					
205 SOUTH SIXTH AVENUE			82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	
SAFETY HARBOR FL 34695-0935			3411	BRIALWOOD LANG	
			83		
			84 City	I day 11 . Ad	85 Zip Code
			<u> </u>	AFBTY HARMIN FL	
11. Pursuant t	oninte and appart or both, in the State of	of Florida, Such change was	authorized by the corno	proporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as registered
agent. I ar	n finalish with any acquipt the obliga	tions of, Section 607.0505, FI	lorida Statutes.	1	10/90
SIGNATURE	sum by yells	it and title it applicable (NO)	It : Registered Agent signature rei	pulited when reinstating) DATE	10160
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	NICHOLSON, ANDREW M		1.2 NAME	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	205 SOUTH SIXTH AVENUE		1.3 STREET ADDRESS	3411 BRIARWOOD LANG	
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 CITY - ST - ZIP	•	
TITLE	8	☐ DELET€	2.1 THILE		Change Addition
NAME	NICHOLSON, ANDREA C		2.2 NAME	3411 BRIARWOOD LANE	
STREET ADDRESS	205 SOUTH SIXTH AVENUE			3411 BRITTELLOOD LANGE	
CITY-ST-ZIP	SAFETY HARBOR FL	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE		T DETERE	3 1 TITLE 3 2 NAME		C Change C Adonton
NAME			3.2 NAME 3.3 STHEET ADDRESS		
STREET ADDRESS			3 4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	41 TITLE		Change Addition
NAME		_	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TETLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Tobacca Taker
TITLE	:	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	portify that the information supplied wi	th this filing does not qualify	6.4 Of 1Y-S1-2IP	in Section 119.07(3)(i), Florida Statutes. I further of	certify that the information

I nereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the informatio indicated on this annual report is 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if a panced, or on an attachment with an address.