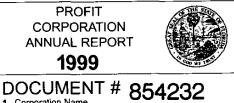
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90081 019 ***150.00

CHG PRO	OPERTIES, INC.						
Principal Place	e of Business	Mailing Address				(PBISI 10 B B III B B B B B B	
2828 CROASDAILE DR ATTN: TAX DEP DURHAM NC 27705 P.O. BOX 15309		ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704	15309			DO NOT WRITE IN THIS SPACE	
03		US				3. Date Incorporated or Qualifed	
						09/30/1982	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				56-1341779 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip	Cou	ntry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒No	
	9. Name and Address of Curren					10. Name and Address of New Registered Agent	
				81	Name	a	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD		'	82	Street	Address (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324			83			
				84	City	FL 85 Zip Code	
		1007.1500 51 11 01 1		Ш		d corporation submits this statement for the purpose of changing its registered	
office or re agent. I a	to the provisions of sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was :	authorized	ı nv	the corbo	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	Agen	t signature re	e required when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 111	n.e		☐ Change ☐ Addition	
NAME	ANDERSON, JOANN W		12 NA	ME			
STREET ADDRESS	2828 CROASDAILE DRIVE		1.3 ST	REET	ADDRESS	s	
CITY-ST-ZIP	DURHAM NC		1.4 CI	TY-S1	T-ZIP		
TITLE	PD	☐ DELETE	2.1 11	TLE		Change Addition	
NAME	Dauchert, Jr. E		2.2 NA	WE			
STREET ADDRESS	2828 CROASDAILE DRIVE		2.3 \$7	REET	ADDRESS	s	
CITY-ST-ZIP	DURHAM NC 27705		2.4 C	ITY-S	T-ZIP		
TITLE	VPT	X DELETE	3 1 TF	TLE		Change Addition	
NAME	KUONI, III C		3.2 N/	AME			
STREET ADDRESS	2828 CROASDAILE DR		3.3 \$1	REET	ADDRESS	S	
CITY-ST-ZIP	DURHAM NC 27705				T-ZIP	Change Addition	
TITLE	AS	☐ DELETE	4,1 TI				
NAME	PETREA, JOAN R.		4. 2 N				
STREET ADDRESS	2828 CROASDAILE DR		4.3 \$1	TREE1	T ADDRESS	S	
CITY-ST-ZIP	DURHAM NC 27705	[] 05: 575			T-ZIP	☐ Change ☐ Change	
TITLE		☐ DELETE	5.1 TF			Change DeAddition	
NAME			5.2 N		r ADDRESC	1878 Crops dalle Drave	
STREET ADDRESS			5.3 S1 5.4 CI		T ADDRESS	. W. Rundall Ackerson 2828 Cromache Drone Durhon, NC 27705	
CITY-ST-ZIP		☐ DELETE	5.4 CI 6.1 TI		1-217	Change Addition	
TITLE			6.2 N/				
NAME					TADORESS	ss	

CITY-ST-ZIP 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 on 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 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 changed, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

John R Petrea NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)