FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **F92000000862 (4)**

1. Corporation Name
CHUMLEY, INC.

Principal Place of Business	Mailing Address
13290 NW 45TH AVENUE OPA LOCKA FL 33054	13290 NW 45TH AVENUE OPA LOCKA FL 33054-4308

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

3. Date Incorporated or Qualified: 12/22/1992
3a. Date of Last Report: 02/06/1996
4. FEI Number: 65-0388164 — 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

9. Name and Address of Current Registered Agent

STRIAR, MICHAEL P
4601 SHERIDAN STREET
SUITE 500
HOLLYWOOD FL 32301

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] — DATE 3/7/97

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KARRON, RICHARD	
STREET ADDRESS	13290 NW 45TH AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	SD	☐ DELETE
NAME	WOHLMAN, RITA	
STREET ADDRESS	13290 NW 45TH AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	☐ DELETE
NAME	VILLEGAS, RAFAEL	
STREET ADDRESS	13290 NW 45TH AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	T	☐ DELETE
NAME	LESTZ, KEN	
STREET ADDRESS	13290 NW 45TH AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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, or on an attachment with an address.

SIGNATURE [signature] 3/7/97