FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	F95000004761	(1)
1. Corporation Name	F93000004701	ŲΨ,

CHANTI	RY GROUP LIMITED, INC.				.
Principal Place	of Business	Mailing Address		T I DEFINE FAIR TOTAL COURT BRINT OF THE	OOKAL OOJAA OOKAA OROJA IBAAA OIJOK KIILA KUUL
3010 S.W. 141 BOYNTON BE	TH PLACE #12 ACH FL 33426	138 NORTH SWINTON A DELRAY BEACH FL 3344			
				3. Date Incorporated or Qualified 09/29/1995	3a. Date of Last Report
2. Principal Pla 21 /855	ce of Business Griffin Rd	2a. Mailing Address 26 4592 Pine	tree Dr	4. FET Number APPLIED FOR	Applied For Not Applicable
# Suite, Apt. # 22 \Suite	۸ م.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Dani	a Fl	City & State 28 Delray Be	ach Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3300	Country	29 33 445 Registered Arrent	Country 30 USA	8. This corporation has liability for in Florida Statutes 10. Name and Address of New R	□No
		The state of the s	81 Name An	. M. 11: 11.0	ogiciorou rigori
STAHL, CYNTHIA M 138 NORTH SWINTON AVENUE 82 Street Add 136 NORTH SWINTON AVENUE			ess (P.O. Box Number is Not Acceptab	le)	
DELRAY	BEACH FL 33444		83 De/	vay Beach	
			84 City		FL 85 Zip Code 33445
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flurid n, and ag cept the obligations of, Section	 Such change was authorized 	s, the above-named corpor d by the corporation's boar	ation submits this statement for the pur of directors. Thereby accept the appr	pose of changing its registered office
SIGNATURE	Jun Mi Hinta	me An M.	Hinton Preside	lent Independently	4/29/94
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1 1 TITLE		Change Addition
NAME	HINTON, ANN		1.2 NAME		
STREET ADDRESS	4592 PINETREE DRIVE		1 3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		14 Cilly - ST - Z-P		
TITLE	ST	☐ DELETE	2 1 TITLE		Change C Addition
NAME	SCHMITT, CLIFFORD		2.2 NAME		
STREET ADDRESS	4592 PINETREE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445	P3 so sto	2.4 CiTy - S* - ZoP		
TITLE		DELETE	3 1 H1LF		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST ZIP		FTL NOI CTC	3.4 CITY - S1 - ZIP		Change Addition
TIFLE		□ DELETE	4 ' 11TLE	10000181	Change Addition
NAME Ozossy addresses			4.2 NAME	1 0 0 0 0 1 8 1 -05/07/9601(22045
STREET ADDRESS			4.3 STREET ADDRESS	***200.00	,22 0,0
CITY-ST-ZIF TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 THTLE		Change Addition
!		C) better			C 1
NAME SIDEST ADODESS			5.2 NAME		. (1)
STREET ADORESS			5.3 STREET ADORESS		7 / 30/0
CITY-ST-ZIP TITLE		☐ DFLET€	5.4 CITY-\$1-7IP 6.1 TITLE		Change Addition
NAMÉ		Delice.	6.2 NAME) 17
STREET ADDRESS			6 3 STREET ADDRESS		~ \r
j			1		\mathcal{J}
CITY-ST-ZIP 14. I do hereby	certify that the information supplied w	vito this filing is voluntarily formis	■ 64 City+\$t-ZiP shed and does not qual-fy fi	or the exemption stated in Section 119.	07(3)(k) Florida Stalutes I further
				ite and that my signature shall have the	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORI DIRECTOR

AND

M. H. 150