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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700004186 (9)

CHICAGO INTERNATIONAL, INC.

FILED
Apr 16 1998 8:00am
Secretary of State

Principal Place 1807 MELALE FORT PIERCE	UCA DRIVE	Mailing Address 1807 MELALEUCA DRII FORT PIERCE FL 3494		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 08/08/1997	
2. Principal Pl	ace of Business	2a, Mailing Address 26		4. FEI Number 54-1793833	Applied For 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 Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	ed Agent
180 FOI	NROY, EDWARD D 17 MELALEUCA DRIVE RT PIERCE FL 34949		83 84 City		S Zip Code
11. Pursuant I office or re agent. I as SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obline in the section of the section of the province o	502 and 607.1508, Florida Stat te of Florida. Such change wa igations of, Section 607.0505,	lutes, the above-named on s authorized by the corport Florida Statutes.	orporation submits this statement for the purpos oration's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (N	OTF Registered Agent signature re		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	CONROY, EDWARD		1.2 NAME		
STREET ADDRESS	1807 MELALEUCA DRIVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34949		1.4 CITY-ST-ZIP		
TEFLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		C Creatige C Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Dr. crc	4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		1 22	5 4 CITY-ST-ZIP		Channa Laddist
TITLE		☐ DELETE	6.1 Trīle		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C1TV. ST. 7JP			64 City-St-7iP		

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 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 truefee improvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on an attachment with an address.

SIGNATURE:

en Hander (PRESIDENT) 13K

13HDR 198 (S61) 965-8609