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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700004202

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90067 003 ***150.00

	on Name					1		
CHATTA	A, INC.							
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Principal Plac	ce of Business	Ma	iling Address			2 100 1100 2100 10111 (0 012 0 012) 0 02111 0 00111	1211 00 114 01016	11011 40116 1101 1461
2160 KINGSTO	DN CT #N	216	O KINGSTON CT., #N					
MARIETTA GA	30067	MA	RIETTA GA 30067			DO NOT WRITE IN TI	IIE EDACE	
							113 SPACE	1
{						3. Date Incorporated or Qualifed		
		٠	Marilia - Address			08/11/1997 4. FEI Number		Applied For
⊢	Place of Business	\vdash	Mailing Address			58-2316575		Not Applicable
21	. 12	26	Suite, Apt. #, etc.	<u>.</u>			\$8.7	5 Additional
Suite, Apt	#, etc.	-	Suite, Apr. #, etc.			5. Certificate of Status Desired		e Required
22	de	27	-City & State			6: Election Campaign Financing		00 May Be
´		\vdash	Only distance		_	Trust Fund Contribution	•	ded to Fees
Zip	Country	28	Zip	Count		This corporation owes the current year		
	25	29	1.	30	•	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren					10. Name and Address of New Register	ed Agent	
-	5. Italio dira radi ess et eutroi.			8	1 Name			
ст	CORPORATION SYSTEM					DO Do Marke is Not Assessable)		
1200 SOUTH PINE ISLAND ROAD			82 Street Addre		2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83		3			
}				<u> </u>				
			-	8	4 City	F	L 85	Zip Code
Ad Disease	to the provisions of Sections 507.050	2 and 6	77 1508 Florida Statute	s the abo	ve-named co	reporation submits this statement for the nurnose	of changin	g its registered
office of agent. I a	am familiar with, and accept the obligat	tions of,	Section 607.0505, Flori	da Statute	es.	tion's board of directors. I hereby accept the ap		
GIONATORE	Signature, typed or printed name of registered agen				jent signature requi	red when reinstating) DATE	AND DIDE	CTODE IN 42
12.	OFFICERS AN	D DIRE		13.		ADDITIONS/CHANGES TO OFFICERS	Cha	
TITLE	PD		☐ DELETE	1.1 TITLE				inge La Accounting
NAME	HURT, T J				=			
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	MARIETTA GA 30067		V	1.3 STRE 1.4 CITY	ET ADDRESS -ST-ZIP		□ Cha	nge MAddition
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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 of suppliemental 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 this 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 12 or Block 13 or Chapter 607.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

770/952-9145

Daytime Phone