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 # F97000004811 (2)

C & H ORIGINALS LTD, INC.

Mailing Address

Principal Place of Business

FILED May 19 1998 8:00am Secretary of State



1-20-98

STARKE FL 3		1475 S. WALNUT ST. STARKE FL 32091		
		OTHER PE GLOOP		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 09/16/1997
2. Principal P	ace of Business	2a, Mailing Address		4. FEI Number 59 - 3468451 Applied For
	SMALL	26 P.O. Box	186	APPLIED FOR Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		S8.75 Additional
22 256 City & State	4 NW 13 ST.	City & State		5. Certificate of Status Desired LJ Fee Required
•	NESVILLE FL	28 MELROSE	FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 USA	29 32666 3	USA	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
F0	RDYCE, CHERYL	_	81 Name	
. 44	75 \$ WALNUT ST P.D. BO	× 186,749 N. ST.	RD. 2 Street	Address (P.O. Box Number is Not Acceptable)
- ST	ARKE FL 32091 MELROSE	to sail		
I	. 1002036	172 32666	83	
			84 City	es 7in Code
			84 City	FL 85 Zip Code
11 Pursuant to the provisions of Socious 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
-	The state of the s			
SIGNATURE	Signature, typed or punied name of registered agent	and title if applicable (NOTE: F	logistured Agent signature	required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE	Change Addition
NAME	FORDYCE, CHERYL		1.2 NAME	/ (T 0 A 2 /
STREET ADDRESS	4475 S WALNUT ST		1.3 STREET ADDRESS	P.O. BOX 186, 749 No. 5T, RD 21 MELROSE, FL 32666 Change Addition
CITY-ST-ZIP	STARKE FL-		1.4 CITY - ST - ZIP	MELROSE, FL 32666
TITLE		DELETE	2.1 TOTLE	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			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	•
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - 2IP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - S1 - ZIP	•
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - S1 - ZIP	
	certify that the information supplied with	this filing does not qualify for I		d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
14. Thereby 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 supplied industry in the analysis of the same legal effect as if made under oath; that I am an officer or director of the corporation of the fecever 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.				