


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000000090	
1. Entity Name CHCS, INC.	

Principal Place of Business 3050 UNIVERSAL BLVD STE 150 WESTON, FL 33331 US	Mailing Address 3050 UNIVERSAL BLVD STE 150 WESTON, FL 33331 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0821070	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RIPPS, JUDITH A
HARNETT LESNICK & RIPPS P. A.
150 E. PALMETTO PARK RD. STE 500
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000035347
02/06/04-80014-016 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JACOBS, GARY 3050 UNIVERSAL BLVD #150 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO ISRAEL, JASON 3050 UNIVERSAL BLVD #150 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARASCH, RICHARD 3050 UNIVERSAL BLVD #150 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, GARY 3050 UNIVERSAL BLVD #150 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAEGELEIN, ROBERT 3050 UNIVERSAL BLVD #150 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCO CARR, DANIELLE 3050 UNIVERSAL BLVD. #150 WESTON, FL 33331

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04 954-888-4888
Date Daytime Phone #