SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** F98000000638 1. Corporation Name

CHALFORD CONSULTANTS, INC.

Mailing Address

## FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90012 045 \*\*\*550.00



HERTS, UNITED KINGDOM SG47TP					HERTS. UNITED KINGDOM SG47TP													
											DO NOT WRITE IN THIS SPACE							_
ļ											3. Date Incorporated or Qualified							
							02/03/19					T		4				
2. Principal Place of Business					2a. Mailing Address						4. FEI Number 58-27 APPLIED FOR			70796	-	Applied		4
21 30 BRECKEN BANK,				26	26 10 MANOR WAY,						APPLIEL	FUR				Not Ap		4
Suite, Apt. #, etc.				⊢	Suite, Apt. #, etc.						5. Certificate.c	f.Status.D	esired			<b>5</b> Addit		_ _
22 IROMODE WOODS,				27	27 LETCHWORTH,											e Require		4
City & State				$\vdash$	City & State						1 1 1				00 May			
<del>            -   -  </del>	4DDAN 1				28 HERTS.						Trust Fund Contribution						4	
Zip	Country Zip						Country				8. This corporation owes the current year Intendible Personal Property.							
24 LM4	4 4TS 25 SLE OF May 29 SG63NJ 30 ENGLAND Intangible Personal Property.  9. Name and Address of Current Registered Agent  10. Name and Address of New R														┦			
	y. Name	and Add	ress of Curre	nt Regist	tered Aç	gent		81	Name		10. Name and	Address (	N M	egisterea A	(gent			-
SCOTT, STEVEN T								0.	Ivanie									_}
3831 NW 60 COURT									2 Street Address (P.O. Box Number is Not Acceptable)					ole)				7
1	GINIA GAR		33166	,														4
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								84	City		<del> </del>			FL	85	Zip Code		
11. Pursuant	to the provi	sions of se	ctions 607 050	02 and 60	7 1508	Florida St	etutes th	ne ahove	named	comora	ation submits this	statement f	for the Du	<u> </u>	anoino i	ts registe	red	٦
l office or	registered a	gent, or be	oth, in the State	e of Florid	da. Such	ı change v	vas auth	orized by	the cor	poration	n's board of direc	ors. I here	by accept	the appoin	tment a	s registe	red	Ì
agent. I a	am tamiliar v	vith, and a	ccept the obliq	gations of,	, section	1 607.050	5, Florida	Statutes	š.									ĺ
SIGNATURE	Signature typed	or printed na	me of registered age	ent and title if	annticable		(NOTE: I	Renistered A	nent signal	ure requir	red when reinstating)			DATE			_	_
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registr OFFICERS AND DIRECTORS 13.									ADDITIONS/CHANGES TO OFFICERS AND I						DIRECTORS IN 12		
TITLE								1.1 TITLE							✓ Change   Addition			R2E034 (5/99)
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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 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 secure 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: