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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G77428

(2)

FILED
Apr 04 1997 8:00am
Secretary of State

1. Corporation Name CAROLYN CHABORA, P.A. Principal Place of Business Mailing Address CAROLYN CHABORA 1060 SW MARTIN DOWNS BLVD. PALM CITY FL 34990 PALM CITY FL 34990 PALM CITY FL 34990-2818											
								3. Date Incorporated or Qualified 01/01/1984		ate of Last F 26/1996	Report
2. Principal Place of Business			h3	2a. Mailing Address			4. FEI Number		A	pplied For	
Suite, Apt	Suite, Apt #, etc.			Suite, Apt. #, etc.				59-2353331		Not Applicable \$8.75 Additional	
22			27					5. Certificate of Status Desired			equired
	City & State			City & State				6. Election Campaign Financing			May Be
2 3] Zip	7	Country	28		Cou	ntry		Trust Fund Contribution 8. This corporation has liability for	intennible	· · · · · · · · · · · · · · · · · · ·	10 Fees
24	2	25	29		30	,		Florida Statutes	Yes	🔀 No	5. 188,032,
		ind Address of Cu	ırrent Registere	d Agent		541		10. Name and Address of New R	egistered	Agent	
	ABORA, CAR						Name				
	u sw mahii .M City fl 3	N DOWNS BLVD. 4000	•			82	Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
171	01111120	7000			Ì	B3	*			*******	
					ŀ	84 (City		FL	85 Zip	Code
11. Pursuant	to the provision	ons of Sections 607.	.0502 and 607.19	508, Florida Stati	utes, the ab	-evoc	named corp	poration submits this statement for the	purpose o	of changing i	its registered
SIGNATURE		r printed name of registers	id agent and title if app	licable (NC	OTE: Registered			oration submits this statement for the ion's board of directors. I hereby accended when reinstaling)	DATE		
SIGNATURE	Sognature typedir	r printed name of registers		olicable (NC	OTE: Registered	d Agent			DATE	D DIRECTOR	RS IN 12
SIGNATURE 12. http://doi.org/10.1001/1	begrazule typedir	OFFICERS	id agent and title if app	licable (NC	DTE: Registered	d Agent		red when reinstating)	DATE		
SIGNATURE 12. TILE NAME	PST CHABORA	OFFICERS	id agent and title if app	olicable (NC	13, 11, 11, 11, 12, NA	d Agent	eignature requir	red when reinstating)	DATE	D DIRECTOR	RS IN 12
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14. I do 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 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.

SIGNATURE: CAROLINE CHARLES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR CHARLES AND TWEE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR