

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H19486 (0)
1. Corporation Name
C H W PROPERTIES, INC.

Principal Place of Business
3232 S BERIDA AVE
KISSIMMEE FL 34746

Mailing Address
3232 S BERIDA AVE
KISSIMMEE FL 34746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
301 BUENA VENTURA LAKES BLVD
KISSIMMEE FL
City & State
Zip 34743 Country OSCOLA

2a. Mailing Address
301 BUENA VENTURA LAKES BLVD
KISSIMMEE FL
City & State
Zip 34743 Country OSCOLA

3. Date Incorporated or Qualified
09/05/1984

4. FEI Number
59-2441895

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required


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

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HOWER, JEFFREY
3232 S BERMUDA AVE
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent
81 Name JEFFREY HOWER (JEFF)
82 Street Address (P.O. Box Number is Not Acceptable)
301 BUENA VENTURA LAKES BLVD
83 KISSIMMEE, FLORIDA
84 City
FL 85 Zip Code 34743

11. Pursuant to the provisions of Sections 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  JEFF HOWER DATE 2-26-98

12. OFFICERS AND DIRECTORS

TITLE	PSID	<input type="checkbox"/> DELETE
NAME	HOWER, JEFFREY	
STREET ADDRESS	3232 S BERMUDA AVE	
CITY - ST - ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  JEFF HOWER 2-26-98 407.973.7321

CR2E034 (10/97)