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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H37889

CHL. INC.

STREET ADDRESS

CITY-ST-ZIP

, 01.2, 11.	<i>,</i>						
Principal Place	e of Business	Mailing Address			0 1001611 0160 11111 10081 10101 10114 1011 81011	BINEL WIGH WINIF N	HO11 BIOH 1001
1823 CYPRESS	GARDENS BLVD.	329 HAMILTON SHORE DR					
WINTER HAVEN	N FL 33884-1959	WINTER HAVEN FL 33881			DO NOT WRITE IN THIS	COACE	
		US			3. Date Incorporated or Qualifed	O SPACE	
					01/15/1985		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	[Ap	plied For
21	labe of Basiness	26			59-2494568		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year In		
24	25		30		Personal Property Tax. 10. Name and Address of New Registered		□No
	9. Name and Address of Currer	nt Registered Agent	81	Name	iv. Name and Address of New Registered	Agent	
CHE	N, CHIN S				<u> </u>		
	HAMILTON SHORE DR		82	Street Add	dress (P.O. Box Number is Not Acceptable)	•	
	TER HAVEN FL 33881		83	,			GAR CAR CAN
						: 2011 1214	
ļ			84	City	FL	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	e-named cor	rooration submits this statement for the purpose of	changing its	registered
	4						
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut	thorized by da Statutes	the corporat	tion's board of directors. I hereby accept the appo	ınımenı as reç	gistered
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut itions of, Section 607.0505, Florid	thorized by da Statutes	the corporat	tion's board of directors. I hereby accept the appo	intment as reç	gistered
agent. I a	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	tions of, Section 607.0505, Florid	da Statutes Registered Ager	the corporat	tion's board of directors. I hereby accept the appo		gistered
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agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Ager 13. 1.1 TITLE	the corporat	tion's board of directors. I hereby accept the appo		gistered
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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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90025 008 ***150.00