FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

	JAL REPORT 1996		Secreta DIVISION OF 0	ry of Stat CORPOR						
1, Corporation	MENT # n Name VE CARPENT	H59066	(1)							
CHEATI	VE CARPENI	nt, INC.					1 18811118 3181 82118 18118 80118 82118	I (C. 202 4) a (a.a. a (c.)	BIBN AND	II a rbii klai
Principal Place	of Business		Mailing Address							
% CHAD ANG			% CHAD ANGELL							
24241 N-WEST	SHORE BLVD.	ĸ	- 4841-N WESTSHORE BLV	Đ. -						
' TAMPA FL 336 * 4012 tz		•	TAMPA FL 33614		_		3. Date Incorporated or Qualified	3a. Date of L	ast Rep	ort
	. Cayuga S)L.	* 4013 W. Cayuga St.				05/29/1985	03/21/	1995	
	lace of Business		2a. Mailing Address 26 4013 W. Cavi	0			4. FEI Number			oplied For
Suite, Apt.	#, etc.		26 4013 W. Cayı Suite, Apt. #, etc.	iga_S	L.		59-2625235	\$		ot Applicable Additional
22			27				5. Certificate of Status Desired		Fee Re	
City & State	e		City & State				6. Election Campaign Financing		5.00	May Be
23 Zip	· · · · · · · · · · · · · · · · · · ·	Country	[28] Zip	Cou	ento.		Trust Fund Contribution		Added t	
24	25	= = 20 m /	29	30	n iti y		8. This corporation has liability for Florida Statutes Yes	intangible tax un No	ders 19	99.032,
	9. Name and	Address of Current I	Registered Agent	11			10. Name and Address of New R		nt	
	_				81 Nami	е				
ANGELL, CHAD -4241 N WESTSHORE BLVD - 4013 W. Cayuga St.					82 Stree	t Addres	ss (P.O. Box Number is Not Acceptab	le)		
TAMPA F		₩9~ 4013 W.	Cayuga St.		83					
IAMEA E	L 330 14									
		_			84 City			FL 85	Zip C	Code
11. Pursuant	to the provisions o	Sec) ons 607.0502 at	nd 607.1508, Florida Statutes	, the abo	ve named	corporat	ion submits this statement for the pur	pose of changing	g its reg	istered office
familia wit	th, and accept the	obligations of Section	60) 0505. Florida Statutes.	a by the c	corporation:	's board	ion submits this statement for the pur of directors. I hereby accept the appo	ointment as regis ril 30,	.tered aç 1 9 9 6	gent. I am
	Signature, typed or printe	od namo of registered ago ark			Agent signatur	e required v	rhen reinstating)	DATE		
12. TITLE	PD	OFFICERS AND I	DIRECTORS DELETE	13.	ITI E		ADDITIONS/CHANGES TO OFF			S IN 12
NAME	ANGELL, CHA	vD		1.2 NA			•	☐ Ch	ange (S IN 12
STREET ADDRESS			13 W.Cayuga St.		reet address	3				
CITY-ST-ZIP	TAMPA FL				TY-ST-ZIP					
TITLE	VP				2 1 TITLE			☐ Ch	ange [Addition
NAME STREET ADDRESS	ANGELL, ROC		13 W.Cayuga St.	2.2 NA						-
CITY-ST-ZIP	4241 N WEST TAMPA FL	OHURE DEVU	, ,		REET ADDRESS	§				
TITLE	ST		DELETE	3.1 TI	TY-\$1-ZIP TLE			Ch Ch	ange I	Addition
NAME	AMOUNT MAD	Y BETH		0.000					ا . د	
STREET ADDRESS	4241 N-WEST	CHORE BLVD . 40	13 W. Cayuga St	3 3. SI	TREET ADDRESS	s				
CITY - ST - ZIP	TAMPA FL			3 4 CF	1Y-\$1-ZIP					
TITLE NAME			☐ DELETE	4. 1 1				[Ch	ange [Addition
STREET ADDRESS				4.2 NA	ime Reet address					
CITY-ST-ZIP					MEET AUUMESS TY-ST-ZIP	'				
TITLE			☐ DELETE	5. 1 7/				Ch	ange	Addition
NAME				5.2 NA	Mē					
STREET ADDRESS				5.3 ST	reet address					
CITY-ST-ZIP TITLE			DELETE		TY-ST-ZIP					
NAME			□] DELETE	6. 1 TI 6.2 NA				☐ Cn	ange [Addition
STREET ADDRESS				P .	ime Reet address					
CITY-ST-ZIF				6.4 CIT	[Y-S]-ZIP					
Certify triat	. ию жислиацоги и	acated on this anchai	reson or supplemental appua	hed and o	does not qu	accurate	the exemption stated in Section 119, and that my signature shall have the	aaaaa laaal affaal		بياسين سلميم
oaus, maci	Laurian oni <u>cas</u> or c	inector of the compect	ion or the receiver or trustee in attachment with an address	emoower	ed to execu	ute this r	eport as required by Chapter 607, Flo	same legal elleci orida Statutes; ar	. as if m nd that r	ny name

SIGNATURE: SIGNATURE AND TYPES ON FRINTE NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1996 (813)876-1080

Date Dayline Phone #