FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H61741** **(5)**

1. Corporation Name

CHG CONSULTING, INC.

Principal Place of Business	Mailing Address
19 ANDREWS AVE. DELRAY BEACH FL 33483-7001 US	2000 S OCEAN BLVD APT. 301 DELRAY BEACH FL 33483-6410 US

2. Principal Place of Business
21 [illegible]
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 | County 25

2a. Mailing Address
26 [illegible]
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified: **06/13/1985**

3a. Date of Last Report: **03/06/1995**

4. FEI Number: **59-2548526** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOLEMBE, CARTER H.
2000 S. OCEAN BOULEVARD
SUITE 301
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and 617.1502, 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: ✓ [signature] ✓ 2/6/96
DATE

12. OFFICERS AND DIRECTORS

TYPE: DP
NAME: GOLEMBE, CARTER H.
STREET ADDRESS: 2000 S. OCEAN BLVD. #301
CITY, ST, ZIP: DELRAY BEACH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TYPE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TYPE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TYPE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TYPE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TYPE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TYPE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this report is true, accurate, complete and 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 with an indication that I am an officer or director.

SIGNATURE: ✓ [signature] ✓ 2/6/96 407 243 1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

Carter H. Golembe

CR2E034 (12/95)