PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H66095**

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CHY-ST-ZIP

CHANER & CHANER, INC.

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Principal Place of Business Mailing Address								O BAND BAND BUT	I go il a igibi bili	OSON DIDIN OSDNI BIOSI	DIÐII BYBIT IÐOT
4500 N. DIXIE	•	4500 N. DIXIE HWY									
BAY 450	1107	BAY 450				}					
OAKLAND PARI	K FL 33334	OAKLAND PARK FL 33334					DO NOT WRITE IN THIS SPACE				
US US							3. Date Incorp		ualifed		ļ
							07/11/19			- 	
2. Principal Pi	lace of Business	2a. Mailing Address				'	4. FEI Numbe				oplied For
21		26			-	<u>59-25723</u>	<u> </u>		 	ot Applicable	
Suite, Apt. #, etc.		— · ` `	Suite, Apt. #, etc.				5. Certifcate o	f Status De	sired 🔲	⊅0.73 ∽ Fee Re	Additional
22 City & State		City & State								·	
City & State						Election Ca Trust Fund	, -	- 11		May Be to Fees	
23	Country	28 Zip		ountry	,		B. This corpor				10 1 000
	25	29	30	00,,		, ,	Personal P			☐ Yes	ÆNo
24	9. Name and Address of Currer					1	0. Name and			ered Agent	
	g, Name and Addition of Carto.	1.109.010,000 7.90.11		81	Name				<u> </u>		
CHANER, RICHARD K				82 Street Address (P.O. Box Number is Not Acceptable							
1205	N.W. 4TH AVENUE					Address	(P.O. Box Nur	nber is Not	Acceptable)		ì
FT. l	LAUDERDDALE FL 33311								***		
	•										
				84	City					FI 85 Zip	Code
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered ager	of Florida, Such char tions of, Section 607.	nge was authoriz .0505, Florida St	ed by atutes RA red Age	the corpo <i>K</i> , <i>C</i>	pration's	board of direc	cors. I neret	APR DA	appointment as re	999 999
TITLE	PVST			TITLE			ADDITIONO	OHAROLO	TO OTTIOLI	☐ Change	☐ Addition
NAME	CHANER, RICHARD K			NAME							_
STREET ADDRESS	1205 NW 4 AVENUE				T ADORESS	i					-
	FT. LAUDERDALE FL 33311			CITY-S							
CITY-ST-ZIP TITLE	11. 01002110102110 00011	1		TITLE						Change	☐ Addition
NAME	·			NAME							
STREET ADDRESS					TADDRESS						
CITY-ST-ZIP				4 CITY+S	-	-	•• .	4.		**	
TITLE				TITLE			-			☐ Change	☐ Addition
NAME			3.2	NAME							
STREET ADDRESS	•		3.3	STREE	T ADDRESS						
CITY-ST-ZIP				CITY-S							ļ
TITLE				TITLE						☐ Change	Addition
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CITY-ST-ZIP				CITY-S					•		
TITLE				TITLE					.	☐ Change	Addition
NAME			5.2	NAME			•				ļ
STREET ADDRESS			5.3	STREE	T ADDRESS						
CITY-ST-ZIP	'		5.4	CITY-S	T-ZIP						
TITLE			DELETE 6.1	TITLE			4			Change	Addition
NAME			6.2	NAME							

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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90121 018 ***150.00