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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCL					
1. Corporation	MENT # H67714	4		02-04-1999 90004	130.00
	ARM, INC.				
CHU FA	ANIVI, INC.				
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Principal Pla	ce of Business	Mailing Address		— 1 INDIANI OHD OHNI JIRUK BERNI AN	010 910 B10 010 014 210 010 210
•		-			
4770 SAFFORD ROAD WIMAUMA FL 33598		P.O. BOX 467 PARRISH FL 34219			
US		US		DO NOT WRIT	E IN THIS SPACE
				3. Date Incorporated or Qualifed	•
		*	,	07/23/1985	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	•	26		65-0210390	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			S8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the curre	
24	25	·	30	Personal Property Tax.	m year intanglole ☐ Yes ☐ No
24	9. Name and Address of Curre		30	10. Name and Address of New Ro	
·····	5. Name and Address of Curren		81 Name	10. Haille alla Address Of New A	egistered Agent
ME	SSNER, GREGORY C.	•	Traine	•	-
	11TH STREET WEST		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
	ADENTON 34205			TAKE A STAR STAR STAR STAR STAR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ore	ADEITION STEEDS		83		
			84 City	288 4 3 7 CO 1988 1 888 1 41	■ 85 Zip Code
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office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida: Such change was au ations of, Section 607.0505, Flori	s, the above-named corp thorized by the corporati	on's board of directors. I hereby accept	burpose of changing its registered
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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 accurrence with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 04, 1999 8:00am

Secretary of State

813)633-2228