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FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H89262** (0)

1. Corporation Name
CHIDO-VOSS CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

**221 SHADOWBAY BLVD
212 SHADOW BAY BLVD
LONGWOOD FL 32779
US**

**221 SHADOWBAY BLVD
212 SHADOW BAY BLVD
LONGWOOD FL 32779-4842
US**

3. Date Incorporated or Qualified 12/11/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2611429	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VOSS, ROBERT H.
219 SHADOWBAY BLVD
LONGWOOD FL 32779**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 223 SHADOWBAY BLVD
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHIDO, ANGELO P		1.2 NAME CHIDO, ANGELO P	
STREET ADDRESS 221 SHADOWBAY BLVD		1.3 STREET ADDRESS 608 LAKE AVE	
CITY-ST-ZIP LONGWOOD FL		1.4 CITY-ST-ZIP ALTAMONTE SPRS FL 32701	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOSS ROBERT		2.2 NAME VOSS, ROBERT	
STREET ADDRESS 219 SHADOWBAY BLVD		2.3 STREET ADDRESS 221 SHADOWBAY BLVD	
CITY-ST-ZIP LONGWOOD FL		2.4 CITY-ST-ZIP LONGWOOD, FL 32779	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

4/29/97

774-0816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)