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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe:ine Harris

Secret any of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90050 039 ***150.00

DOCUN 1. Corporation CHIC INC		03									
01110 1111	V ·										
Principal Place	of Business	Mailing Address									
1000 NO COLLI	FR RIVD	1000 NO COLLIER BLV	D								
STE 18	Ell DETO	STE 18									
MARCO ISLAND	FL 33937		MARCO ISLAND FL 33937					DO NOT WRIT	EINIF	IS SPACE	
US		US						ate Incorporated or Qualifed 5/07/1987			
2. Principal Pl	ace of Business	2a. Mailing Address					4. F	El Nı mber		+ <u>-</u>	rlied For
21		26					_5	9-2786512			t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. C	ertifcate of Status Desired		\$8.75 A	I
22		27								Fee Re	
City & State	e	City & State				'		lection Campaign Financing		\$5.00	
23	Cour try		Cou	ntry				rust Fund Contribution		Added t	rees
Zip	25	29	30	<u> </u>		'		his corporation owes the curre ersor al Property Tax.	iit yeai		l⊒No
24	9. Name and Address of C		1301	_		1		lame and Address of New Re	egistere	d Agent	
				81	Name						
Keni	SON, CAROLYN			82	Ct-not /	As droop	/D ()). Bo) Number is Not Acceptat	ole\		
1000	N COLLIER BLVD #18					At dress	(P.O). BO) Number is Not Acceptat	леј		
MAR	CO ISLAND FL 34145										
					015					85 Zip (
				84	,				F	L '	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida State of Florida. Such change wa	atutes, the a	bove	e-named o	cc rporati	ion s	submi s this statement for the p	ourpose	of changing its	registered a stered
office crin	egistered agent, or both, in the a m familiar with, and accept the o	State of Florida. Such change was obligations of, Section 607.0505,	Florida Stati	utes	tile corpo	JI ALLIULI S	DUal	d of thectors, thereby accept	the app	Ominioni do re	9 510100
SIGNATUFE											
	Signature, typed or printed na ne of register		OT E: Registered	Ager	nt signature re	eqi ired whe			DATE	ND DIRECTO	VIIC IN 12
12.		S ANI) DIRECTORS	13.		-		AU	DITIONS/CHANGES TO OFF	ICERS	Change	Addition
TITLE	PST CARDOLVAL	C) DETER									
NAME	KENISON, CAROLYN	DTF 40	1.2 N/		raddress						
STREET ADDRESS	1000 NO COLLIER BLVD	SIE 18	1.3 S II								
CITY-ST-ZIP TITLE	MARCO ISLAND FL	U ISLAND PL 1.4			1.715					☐ Change	Addition
NAME		22			1	1					
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				2.4 CITY-ST-ZIP							
TITLE		DELETE 31								☐ Change	Addition
NAME			3 2 NA	ME]						
STREET ADDRESS			3.3 ST	REET	FADDRESS						
CITY-ST-ZIP			3.4. C								
TITLE		☐ DELETE	4.1 TI	īLΕ						Change	☐ Addition
NAME			4. 2 N	AME							
STREET ADDRESS	1		4.3 \$1	REE	TADDRESS						
CITY-ST-ZIP			4.4 CI	TY-S	T-ZIP						
TITLE		☐ DELETE								Change	☐ Addition
NAME			5.2 N/		ļ						
STREET ADDRE 3S					ADDRESS						
CITY-ST-ZIP			5.4 CI		T-ZIP	<u> </u>				☐ Change	Addition
TITLE		☐ DELETE									[_] Addition
NAME			6.2 N/ 6.3 ST		TADDRESS						

14. I hereb / 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on all attachment with an address, with all other like empowered.

SIGNATURE:

D TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4)23)9

941-394-4949

Daytime Phone #

:R2E034 (11/98