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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

FILED
 99 MAR -5 PM 12:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # K06838
 1. Corporation Name
CHOMPTANK CORPORATION

Principal Place of Business: % GEORGE R. MORAITIS, 915 MIDDLE RIVER DR. #506, FT. LAUDERDALE FL 33304-3500
 Mailing Address: % GEORGE R. MORAITIS, 915 MIDDLE RIVER DR. #506, FT. LAUDERDALE FL 33304-3500

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
24	29
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1987**

4. FEI Number: **65-0015699** 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
MORAITIS, GEORGE R.
915 MIDDLE RIVER DR.
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **300002800643--2**

84 City **-03/10/99--01050--014**
******150.00 FL ****150.00**

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	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSELLO, GONZALO	12 NAME	
STREET ADDRESS	915 MIDDLE RIVER DR.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSELLO, CARMELLA P.	22 NAME	
STREET ADDRESS	915 MIDDLE RIVER DR	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSELLO, GONZALO	32 NAME	
STREET ADDRESS	915 MIDDLE RIVER DR	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	D
STREET ADDRESS		43 STREET ADDRESS	ROSELLO, DIEGO, V
CITY-ST-ZIP		44 CITY-ST-ZIP	915 Middle River Drive, Suite 506 Fort Lauderdale, FL 33304
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	D
STREET ADDRESS		53 STREET ADDRESS	Rosello de Ballon, Maria Carmela
CITY-ST-ZIP		54 CITY-ST-ZIP	915 Middle River Drive, Suite 506 Fort Lauderdale, FL 33304
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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, with all other like empowered.

SIGNATURE: x *G. Rosello*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gonzalo Rosello President

3/1/99 Date 954-5634163 Daytime Phone #

CR2E034 (1/198)