FILED

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



Katherine Harris

	PROFIT RPORATION UAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				Ξ	Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90076 020 ***150.00			
DOCU 1. Corporatio CHADCO	•	0							11114 1111 116 11 1	(184) 6 (5)(118)	113 11 3 1811 1881
Principal Place of Business Mailing Address 13357 SW 1307U CT											
12257 SW 129TH CT. 12257 SW 129TH CT. MIAMI FL 33186 MIAMI FL 33186											
ļ								-	RITE IN THIS	SPACE	
								3. Date Incorporated or Qualife 01/01/1989	a		
2. Principal F	Place of Business	2a. Ma	iling Address					4. FEI Number	·	A	oplied For
21 26								65-0095574	<u> </u>	No	ot Applicable
Suite, Apt. #, etc.								5. Certifcate of Status Desired		•	Additional
22 27			v & State					g. Election Campaign Financing			equired
23 28								Trust Fund Contribution	, D	*	May Be to Fees
Zip	Zip Country Zip				Country			8. This corporation owes the cu	rrent year Int	langible	
24	25	29		30				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	ent Registere	d Agent		81	Name	•	10. Name and Address of New	Registered	Agent	
DRE	SNICK, JIMMIE						•				
12257 SW 129TH CT.					82 Street Addre			ss (P.O. Box Number is Not Accep	itable)		
MAI	/II FL 33186			-	83						
				-	84	City	 ,	<u> </u>	<u> </u>	85 Zip	Code
						-			FL	-	
office or a	to the provisions of Sections 607.05 registered agent, or both, in the Stat	e of Florida. S	luch change was au	thorized	by t	the corp	d corpo poration	ration submits this statement for th n's board of directors. I hereby acc	e purpose of ept the appoi	changing its ntment as re	registered gistered
· -	ım familiar with, and accept the oblig	gations of, Sec	otion 607.0505, Flori	ida Statu	tes.						
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if appi	cable. (NOTE:	Registered A	\gent	signature	required	when reinstating)	DATE		
12.		ND DIRECTO		13.			,	ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	PST HEALT		☐ DELETE	1.1 TITL				•		Change	Addition
NAME STREET ADDRESS	DRESNICK, JIMMIE 12257 SW 129TH CT.			1.2 NAA							
CITY-ST-ZIP	MIAMI FL 33186			1.4 GIT		ADDRESS	`				
TITLE	Will Bill 1 C GO TOO		DELETE	2.1 TITL		- 215				Change	☐ Addition
NAME				2.2 NAM	ΛE						
STREET ADDRESS				2.3 STR	REET	ADDRESS	6	•			
CITY-ST-ZIP				2. 4 CIT		-ZIP	ļ				
TITLE			☐ DELETE	3.1 TITL				•		Change	☐ Addition
NAME STREET ADDRESS				3.2 NAM		ADDRESS	,				
CITY-ST-ZIP				3.4. CIT			`	•			•
TITLE	☐ DELETE			4.1 TITLE						☐ Change	☐ Addition
NAME			4. 2 NAME			ļ					
STREET ADDRESS				4.3 STR	EET	ADDRESS	1				
CITY-ST-ZIP			☐ DELETE	4.4 CITY	_	ZIP		17 18 18 1			- A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
TITLE NAME			□ pere⊥e	5.1 TITL 5.2 NAM						Change	☐ Addition
STREET ADDRESS						ADDRESS					·
CITY-ST-ZIP				5.4 CITY	/-ST-	ZIP					
TITLE			☐ DELETE	6.1 TITL	E		1			☐ Change	Addition
NAME				6.2 NAM							
STREET ADDRESS				6.3 STR	EET /	ADDRESS	1				

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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # CR2E034 (11/98)