

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

FILED

Apr 28 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 # K84927

(8)

1. Corporation Name  
CHEYNE WALK, INC.

Principal Place of Business

PO BOX 928  
TALLEVAST FL 34270  
US

Mailing Address

PO BOX 928  
TALLEVAST FL 34270-0928  
US



2. Principal Place of Business

21 11906 Lakemist Circle

Suite, Apt. #, etc.

22 City & State  
TAMPA FL

23 Zip Country  
33617 USA

2a. Mailing Address

26 11906 Lakemist Circle

Suite, Apt. #, etc.

27 City & State  
TAMPA FL

28 Zip Country  
33617 USA

3. Date Incorporated or Qualified  
05/02/1989

3a. Date of Last Report  
02/14/1996

4. FEI Number  
65-0119373

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FELLOWS, KAREN  
327 HERNANDO AVENUE  
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name FELLOWS, KAREN  
82 Street Address (P.O. Box Number is Not Acceptable)  
11906 LAKE MIST CIRCLE  
83  
84 City TAMPA FL 85 Zip Code 33617

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

21 April 97

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	FELLOWS, KAREN	
STREET ADDRESS	327 HERNANDO AVENUE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELLOWS, KAREN	
STREET ADDRESS	327 HERNANDO AVENUE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FELLOWS, HELEN	
STREET ADDRESS	327 HERNANDO AVENUE	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11906 LAKE MIST CIRCLE
1.4 CITY - ST - ZIP	TAMPA FL 33617
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11906 LAKE MIST CIRCLE
2.4 CITY - ST - ZIP	TAMPA FL 33617
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11906 LAKE MIST CIRCLE
3.4 CITY - ST - ZIP	TAMPA FL 33617
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Fellows

21 April 97

813-980-6359

CR2E034 (9/96)