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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03681

(8)

CHANG'S DEVELOPMENT INC.

	1-

FILED
May 12 1997 8:00am
Secretary of State

Principal Place of Business C/O TIM C. CHANG PO BOX 4671 OCALA FL 32678		C/O TIM C. (PO BOX 4671	Mailing Address C/O TIM C. CHANG PO BOX 4671 OCALA FL 34478-4671							
			•				3, Date Incorporated or Qualified 3a, Date of Last Report 07/20/1989 05/01/1996			
2. Principal Plac	e of Business	2a. Mailing A	ddress	· · · · · · · · · · · · · · · · · · ·	. ,		4, FEI Number 59-2960185	1	A	pplied For
Sulte, Apt. #,	etc.	26 Suite, Apt	t. #, etc.							Not Applicable Additional
22		27				- 	5. Certificate of Status Desired			Required
City & State		City & Sta	ate				6. Election Campaign Financing	П		May Be
Zip	Country	7ip		Cou	intry		Trust Fund Contribution 8. This corporation has liability for its			to Fees s. 199.032.
24	25	29		30			Florida Statutes	Yes 🌡	No	
	9. Name and Address of Curren	I Registered Age	nt		61		10. Name and Address of New Re	gistered A	lgent	
	G, TIM C.			ĺ	ВГ					
	S.E. 31ST STREET DX 4671				82	Street Addre	ess (P.O. Box Number is Not Acceptab	ile)		
	A FL 32678				83					
					84	City			85 Zip	Code
						•		FL	1 1 '	
office or reg	ine provisions of Sections 607,0507 istered agent, or both, in the State	of Florida, Such c	lorida Statut hange was	es, the at authorized	oove d by	named corporation	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of of the app	changing pintment a	its registered s registered
1	tamiliar with, and accept the obliga	ations of, Section 6	607.0505, FI	orida Stat	utes					
SIGNATURE SIG	nature, typed or printed hanc of registered ager	nt and title if approaches.	(NOI)	I : Registered	d Ager	nt signature require	d when reinstating)	DATE		
12.	OFFICERS AND		Lociese	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE NAME	CHANG, TIM C.	L) DELETE	1,1 1(Change	Addition
STREET ADDRESS	3230 SE 31ST STREET			1.2 N/ 1.3 ST		ADDRESS				
	OCALA FL			1.4 0		1				
TITLE			DELFTE	2.1 7/	TLE				Change	Addition
NAME				2.2 N/						
STREET ADDRESS						ADORESS				
CITY-ST-ZIP			DELETE	2. 4 C 3.1 TI		T-ZIP			Change	Addition
NAME		L		3.2 N					- Sinningo	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				3.4. C	(TY-S	31 - 7IP				·
TITLE		L.] DELETE	4.1 1)					Change	☐ Addition
NAME DEDUCE ADDRESS				4. 2 N		ADORECC				
STREET ADORESS CITY-ST-ZIP				4.4 CI		ADDRESS :				
TITLE			DELETE	5.1 Ti		1 1 1			Change	Addition
NAME				52 N	AME.	İ				
STREET ADDRESS				5381	IREET.	ADDRESS				
CITY-ST-ZIP				0.00	111261					
TATLE			1 000 027	5.4 CI	1Y-\$1			- 	[] o	Addition
414445) DELLTE	5.4 CI 6.1 Ti	1Y-\$1 TLE				Change	Addition
NAME STREET ADDRESS) DELETE	5.4 CI 6.1 T/ 6.2 N/	TLE AME				☐ Change	Addition

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 a process.

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