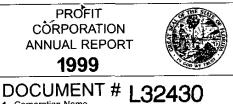
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90062 012 ***150.00

THE CO	CHENOUR AGENCY, INC.									
Principal Plac	e of Business	Mailing Address				-	JII WINK WA	#11 41511 8 181	il Brati Ai	. 9 14 5 99 F
4601 CLYDE MORRIS BLVD P. O. BOX 290066 C/O JOHN R. COC 1-N PORT ORANGE FL 32129			CHE	NOUR						
PORT ORANGE	FL 32119					DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualifed				
						11/22/1989				
	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied	
21 4606	CLYDE MORRIS B					59-2980907				plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certifcate of Status Desired		\$8.75 Fee	Additi Require	3
City & Star	te	City & State				6. Election Campaign Financing]	\$5.0	10 Мау	Be
23		28				Trust Fund Contribution		Adde	d to Fe	es
Zip	Country	Zip	Cou	intry		8. This corporation owes the current	year Inta		\checkmark	
24	25	29	30			Personal Property Tax.		∐Yes	_ X N	lo
	9. Name and Address of Curr	ent Registered Agent		-		10. Name and Address of New Reg	istered /	Agent		
				81	Name					
	CHENOUR, JOHN R.			82	Street Addre	Address (P.O. Box Number is Not Acceptable)				
310 COUNTRY CIRCLE DRIVE E										
DAY	Tona Beach FL 32124			83						
				84	City			85 Zi	ip Code	
				••	Ony		FL	. -		
SIGNATURE	am familiar with, and accept the obli				signature required	when reinstating)	DATE			
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AN			
TITLE	D	☐ DELET	ΓE 1,1 TΓ	TLE		5,		Chang	je L	Addition
NAME	COCHENOUR, JOHN R.		1.2 N	AME		**				
STREET ADORESS	310 COUNTRY CIRCLE DR.	•	1.3 \$1	TREET	ADDRESS					
CITY-ST-ZIP	DAYTONA BEACH FL		1,4 CI	TY-ST	-ZIP					
TITLE		☐ DELE	ΓE 2.1 TI	TLE				Chang	je [] Addition
NAME		_	2.2 N	AME	İ					
STREET ADDRESS	310 COUNTRY CIRC	LE DR.E.	2.3 8	TREET	ADDRESS	4				ļ
CITY-ST-ZIP	' . <u></u>		2.4 C	ITY-ST	r-ZIP				·— <u>-</u>	
TITLE		☐ DELET	TE 3.1 TI	TLE				Chang	je L	Addition
NAME	1		3.2 N	AME						ļ
STREET ADDRESS	3		3.3 S	TREET	ADDRESS					
CITY-ST-ZIP			3.4. C	ITY-ST	r-ZIP					
TITLE		☐ DELE	TE 4.1 TI	TLE				Chang	ie [Addition
NAME			4. 2 N	IAME						
STREET ADDRESS	6		4.3 S	TREET	ADDRESS					
CITY-ST-ZIP				ITY-ST	-ZIP					7 4 220:
TITLE		☐ DELE						Chang	ie (Addition
NAME			5.2 N							
STREET ADDRESS	\$		5.3 S	TREET	ADDRESS					ł
CITY-ST-ZIP	<u></u>			ITY-ST	-ZIP					7.4420
TITLE		☐ DELE						Chang	je L	Addition
	I		6.2 N	AME						

CITY-ST-ZIP 14. 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 andress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

John R. Cochenour , PRES.