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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #
1. Corporation Name

CHUMS, INC. Principal Place of Business Making Address 2832 NE 24ST COURT 335 DUVAL STREET KEYWEST FL 33040 FT LAD DERDALE FL 33305 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/29/1989 2. Principal Place of Business 4. FEI Number 3 FRONT ST. Applied For 65-0157858 Not Applicable 21 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square \text{No} No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ITTAH, CHARLIE **3702 DONALD AVENUE** Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040-4410 83 Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PDS DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE ITTAH, CHARLES NAME 1.2 NAME 3702 DONALD AVENUE STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 1.4 CITY - ST-ZIP Addition DELETE Change TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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)(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 trie receiver or true 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 address.

SIGNATURE.

2/1/00

FILED

Mar 09 1998 8:00am

Secretary of State