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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L56656 (6)
1. Corporation Name
CHILKOOT, INC.



Principal Place of Business: % ED EYLWARD, 3151 SAN MATEO ST, CLEARWATER FL 34619 US
Mailing Address: % ED EYLWARD, 3151 SAN MATEO ST, CLEARWATER FL 34619 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2606 Bayshore Blvd. Suite, Apt. #, etc.
22 City & State: 23 Dunedin, FL
24 Zip: 34698 25 Country: Pinellas
2a. Mailing Address: 26 2606 Bayshore Blvd. Suite, Apt. #, etc.
27 City & State: 28 Dunedin, FL
29 Zip: 34698 30 Country: Pinellas

3. Date incorporated or Qualified: 03/12/1990
4. FEI Number: 59-3034868 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [X] No []

9. Name and Address of Current Registered Agent: EYLWARD, ED, 3151 SAN MATEO ST, CLEARWATER FL 34619
10. Name and Address of New Registered Agent: 81 Name: KHALED ABUKAF, 82 Street Address: 2606 Bayshore Boulevard, 83 Dunedin, FL 34698, 84 City: Dunedin, FL 85 Zip Code: 34698

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: Khaled Abukaf, KHALED ABUKAF, President, DATE: 4/14/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: EYLWARD, EDWARD	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3151 SAN MATEO ST	CITY-ST-ZIP: CLEARWATER FL	1.2 NAME:	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: DP	NAME: ZONA, JOHN	1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3151 SAN MATEO ST	CITY-ST-ZIP: CLEARWATER FL	2.1 TITLE:	
	<input checked="" type="checkbox"/> DELETE	2.2 NAME:	
TITLE:	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS:	
NAME:		2.4 CITY-ST-ZIP:	
STREET ADDRESS:		3.1 TITLE:	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP:		3.2 NAME:	KHALED ABUKAF
		3.3 STREET ADDRESS:	2606 Bayshore Blvd.
		3.4 CITY-ST-ZIP:	Dunedin, FL 34698
		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 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, changed, or on an attachment with an address.

SIGNATURE: Khaled Abukaf, KHALED ABUKAF, officer, DATE: 4/14/98

CR2E034 (10/97)