

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90087 022 ***150.00

DOCUMENT # L56656

1. Corporation Name
CHILKOOT, INC.



Principal Place of Business

2606 BAYSHORE BLVD
DUNEDIN FL 34698
US

Mailing Address

2606 BAYSHORE BLVD
DUNEDIN FL 34698
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2606 BAYSHORE BLVD.

Suite, Apt. #, etc.

22 "B"

City & State

23 Dunedin, FL.

Zip

24 34698

Country

25 Pinellas

2a. Mailing Address

26 2606 BAYSHORE BLVD.

Suite, Apt. #, etc.

27 "B"

City & State

28 Dunedin, FL.

Zip

29 34698

Country

30 Pinellas

9. Name and Address of Current Registered Agent

ABUKAF, KHALED
2606 BAYSHORE BLVD
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

KHALED ABUKAF

82 Street Address (P.O. Box Number is Not Acceptable)

1039 Northridge DR.

83

Palmharbor, FL.

84

Palmharbor, FL

85

Zip Code

34693

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

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ABUKAF, KHALED
STREET ADDRESS
2606 BAYSHORE BLVD
CITY-ST-ZIP
DUNEDIN FL 34698

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KHALED ABUKAF, 3/2/99 727-734-0521

Date

Daytime Phone #

CR2E034 (1/98)

0499548