PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L63802

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90029 008 ***150.00

Principal Place	CHAEL VENTURES, INC.	Mailing Address 1054 MONTGOMER ALTAMONTE SPRIF						
HEIDWOHIE OF	I THITTING I ILL MET 1.7	nerranomic of the				DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed		
						04/10/1990		
2. Principal P	lace of Business	2a. Mailing Addre	5\$			4. FEI Number	 	Applied For
21		26				59-2999299		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	ree Required	
City & Stat	te	City & State				6. Election Campaign Financing		0 Мау Ве
23	28					Trust Fund Contribution		d to Fees
Zip	Country	Zip	_	ıntry		8. This corporation owes the current year		₽ Ne
24	25	29	30			Personal Property Tax.	☐ Yes	⊠ No
···	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Register	eu Agent	
ZATODOKI DICHADO ALAM						<u></u>		
ZATORSKI, RICHARD ALAN 1054 MONTGOMERY ROAD				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1054 MUNTGUMERY RUAD ALTAMONTE SPRINGS FL 32714				83				
ALIZ	AMONTE SPRINGS PL 32/14			83				
				84	City		85 Zi	p Code
			- 6	Ш		poration submits this statement for the purpose		ite registered
office or r agent. I a	registered agent, or both, in the State our familiar with, and accept the obligati	of Florida. Such changions of, Section 607.0	e was authorize 505, Florida Sta	d by tutes	the corporati	on's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registere	d Agen	t sionature requir	ed when reinstating) DATE		
12.	OFFICERS AND		13.	_ - -		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	D	□ DE	LETE 1.1 T	ITLE			Chang	e 🔀 Addition
NAME	ZATORSKI, RICHARD ALAN		1.2 N	AME				
STREET ADDRESS	2450 PLEASANT DRIVE		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	LONGWOOD FL		1,40	ITY-S1	r-zip	32 ⁻	179	
TITLE			LETE 2.1 T	2.1 TITLE			☐ Chang	e 🔲 Addition
NAME .			2.2 N	AME	1			
STREET ADDRESS			2.3 \$	TREET	T ADDRESS			
CITY-ST-ZIP			2.4	CITY-S	ST-ZIP			
TITLE		□ DE	LETE 3.1 T	TRE			Chang	e 🗌 Addition
NAME			3.2 N	AME]			
STREET ADDRESS			≃ 3.3 S	TREET	ADDRESS :	بساء سالسا والبسيسجان الماج		
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE		□ DE	LETE 4.5 T	ITLE			☐ Chang	e Addition
NAME	1		4.2	MAME				
STREET ADDRESS	Ì		4.3 5	TREET	T ADDRESS			
CITY-ST-ZIP				ITY-S	T-ZIP			
TITLE		☐ DE	•				Chang	ge Addition
NAME		4		IAME				
STREET ADDRESS			•		ADDRESS			
CITY-ST-ZIP				ITY-S	T-ZIP	.		
TITLE	1	□ DE			1		Chang	je Addition
NAME	Į.		6.2 N	IAME				
1								
STREET ADDRESS	· .		6.3 5	TREET	ADDRESS			

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.

AN ZATORSKI 4-14-99 SIGNATURE: ()