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PROFIT CORPORATION ANNUAL REPORT

1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90214 048 ***150.00

CHABRA	ENTERPRISES, INC.								
Principal Place	of Business	Mailing Add	Iress				IF BIBIT DIBIT BIBIT B	(B() B1811 G1011 101	ļi
527 NORTH BIRCH RD. 527 NORTH BIRCH RD. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304						·			
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	. ~		. . .	·- ,		3. Date Incorporated or Qualifed	. يعي سر		
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number		Applied For	
21		26				59-2559244		Not Applicab	le
Suite, Apt. i	#, etc.	Suite, A	pt. #, etc.			5. Certifcate of Status Desired		5 Additional Required	
City & State	9	City & S	State			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
23	Country	28 Zip	-	Country		8. This corporation owes the current y		4	\dashv
Zip	25	29	30	ı .		Personal Property Tax.		₽∐No	
24	9. Name and Address of Curren			1		10. Name and Address of New Regis	stered Agent		
	3. Name and Address of Carrett	it riegistere i ig		81	Name		-		
CHH	ABRA, NARENDER					(D. C. D. Markette Ma			_
527 1	N, BIRCH RD.			82	Street Addi	ress (P.O. Box Number is Not Acceptable)			
FT. L	AUDERDALE FL 33304			83			•		
							71221 -		_
}				84	City		FL 85 2	Zip Code	
44 Dumumt	to the provisions of Sections 607.050	0 1007 1500	E. I. S	!			4 1	te registeres	1
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such tions of, Section	change was authorida 607.0505, Florida 38 24 / Y.L.	orized by Statutes	the corporate	poration submits this statement for the purion's board of directors. I hereby accept the	ose of changing appointment a	s registered	
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition