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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M65248

(0)

CDA DACING GDOUD INC

FILED Feb 06 1998 8:00am Secretary of State

CHA HACHIG GHOUP, INC.						
Principal Place of Business	Mailing Address	· 		1 185 185 185 187	1811 BIWII WIWII BIBII WWW I	DIA IN BIRDI KARI
% WILLIAM H. CLARK 1933 COMMONWEALTH LANE	% WILLIAM H. (1933 COMMON					
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 01/20/1988		
2. Principal Place of Business	2a. Mailing Addre)\$ S		4. FEI Number		Applied For
21	26			59-2866396	1	Not Applicable
Suite, Apt. #, etc.	te, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional
22 27				o. Cermicate of Status Desired	Fee F	Required
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution	Added	to Fees
Zip Country	Zιp	n '		8. This corporation owes or has paid the current year Intangible		
24 25	29	30		Personal Property Tax due June		∐ No
9. Name and Address of C	urrent Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
CLARK, WILLIAM H.	-	61	Ivanio			
1933 COMMONWEALTH LANI Quite 1:-	:	82	Street Addr	ess (P.O. Box Number is Not Acceptat	ble)	
TALLAHASSEE FL 32303		83				
		84	City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	7.0502 and 607.1508, Florid State of Florida. Such chang obligations of, Section 607.0	a Statutes, the above se was authorized b 1505. Florida Statute	e-named corp y the corporali s	oration submits this statement for the poor's board of directors. I hereby acce		its registered s registered
SIGNATURE			-			1
Signature, typed or printed name of regular	ried agent and title if applicable	(NOTE Registered Ag	eul signaluro require	eo when reinslating)	DATE	
12. OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	RS IN 12
TITLE	☐ DEL	ETE 1.1 TITLE	P	resident	Change	☐ Addition
NAME CLARK, WILLIAM H.		1.2 NAME	I C	lark, willam #	1 104 6	
STREET ADDRESS 1933 COMMONEALTH L	.ANE	1.3 STREE	I ADDRESS 19	33 comuonillair	N WKC	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY -	S1 - 21P	resident lark, William H 33 Comuonwealt Tallakassee, FL 2	32303	
TITLE	☐ DE1	ETE 1 21 TITLE	1		☐ Change	Addition
NAME		2 2 NAME				
STREET ADDRESS		2 3 STREE	r address			
CITY-ST-ZIP		2. 4 CITY-	ST-ZIP			
TITLE	☐ DEL	ETE 3.1 TITLE			Change	Addition
NAME		3,2 NAME	ļ			
STREET ADDRESS		3.3 STREET	I ADDRESS			
CITY-ST-ZIP		3.4. CITY-	S1-ZIP			
TITLE	L DEL	ETE 4.1 TITLE			☐ Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREF	ADDRESS			}
CITY-ST-ZIP		4.4 CITY - 5	ST - 71P			
TITLE	∐ DEL				☐ Change	Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET	ADDRESS			i
CITY-ST-ZIP		5.4 CITY-5	ST - ZIP			
TITLE	☐ DEL				L Change	☐ Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREFT	ADDRESS			
City-St-ZIP		6.4 CITY - S		Section 119 07/3Vi). Florida Statutos I		

I nereby 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.

GNATURE:

A Country 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.

SIGNATURE: