## 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 # M7

(1)

GENE T. CHAMBERS, P.A.

**FILED** 

May 04 1998 8:00am

Secretary of State

3.2.72							
Principal Place	of Business	Mailing Address	Mailing Address			BIBI BIBII BIBII BIBII BIBII BIBII BIBII IBBI	
2507 EDGEWATER DR		P. O. BOX 533987	P. O. BOX 533987				
ORLANDO FL	. 32804	ORLANDO FL 32853			DO NOT WRIT	E IN THIS SPACE	
US		US			3. Date Incorporated or Qualified		٦
					03/07/1988		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	╛
21		26			59-2881283	Not Applicable	3
Sulte, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	)	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	- 1 <u>-</u>		Trust Fund Contribution	Added to Fees	4
<b>Zip</b> Country		<b>⊢</b> '	Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No		
24	25 29 29 A Name and Address of Current Registered Agent		30		10. Name and Address of New Registered Agent		
0	<del></del>	TOTT TIOGRATOROU AGOIT		Name	10. 10.11		┪
	<b>Iamb</b> ers, gene t. <del>17-edoewater d</del> r		<u> </u>				4
			l'	Street Addr	ress (P.O. Box Number is Not Accepta	io io	
SUITE 1650 ORLANDO FL 32804			ļ.	B3	3		7
	ILMINO I L SEGUT					log 1 7% Oarlo	$\dashv$
			'	B4 City Or	lando	FL 85 Zip Code 3.284 7	
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	tutes, the ab	ove-named corp	poration submits this statement for the	purpose of changing its registered	П
office or re	egistered agent, or both, in the St m familiar with, and accept the of	late of Florida. Such change wa	ne authorized	hy the coroorat	tion's board of directors. I hereby acc	ept the appointment as registered	į
-			ember =		•	04/24/48	1
SIGNATURE		iagentand the dap leadle (N	NOTE: Registered	Agent signature requi		DATE	┙
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		_
TITLE	P CUANDEDO OCUE T	DELETE	1.1 TIT			L Change  Addition	
NAME	CHAMBERS, GENE T.		1.2 NA				
STREET ADDRESS	950 GAMEWELL AVE.			REET ADDRESS			
CITY-ST-ZIP	MAITLAND FL	DELETE	1.4 CII 2.1 TIT	Y-ST-ZIP		Change Addition	╢
TITLE NAME		better	2.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				IY-ST-ZIP			
TITLE		DELETE	3.1 TIT			Change Addition	'n
NAME			3.2 NAI	ME			
STREET ADDRESS			3.3 STF	REET ADDRESS			
CITY-ST-ZIP			3.4. CI	Y - ST - ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 717	Ę		☐ Change ☐ Addition	n
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	HEET ADDRESS			
CITY-ST-ZIP			4.4 C/T	Y-ST-ZIP			_
TITLE		☐ DELETE	5 1 TIT	LE		☐ Change ☐ Addition	n
NAME			5.2 NA	ME			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		Llociere		Y-ST-ZIP		Change Addition	_
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition	н
NAME			6.2 NA	1			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	partifu that the information supplies	d with this filing doos not qualif	6.4 CIT	Y-ST-ZIP	Section 119.07(3)(i), Florida Statutes	I further certify that the information	 `
indicated	on this annual correct or suppliers	ental annual report is true <b>and</b> a receiver or trustee empowe <b>re</b> d	accurate and	that my signati	re shall have the same legal effect as uired by Chapter 607, Florida Statute	s it made under dath: that t am an	