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

CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200005374 (3) CHALK UP, INC.					
Principal Place of Business Mailing Address				LOBSIDAL TID IDUO 14819 BBITL 90(1) OSIUL BBITL	BOIRT DITES KILL (BBIT BIBT 1991
1124 TREASURE CAY COURT 1124 TREASURE CAY COU PUNTA GORDA FL 33950 PUNTA GORDA FL 33950					
FURIN GORL	JA PL 33350	FUNTA GUNDA FL 3	3830	DO NOT WRITE IN TH	HIS SPACE
				3. Date incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address				11/17/1992 4. FEI Number	Applied For
26				65-0371096	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	<u> </u>	City & State			Fee Required
23	e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.055 registered agent, or both, in the State or families with and accept the objections to be seen	ENTH C	atutes, the above-named coas authorized by the corpor, Florida Statutes.	orporation submits this statement for the purpos ation's board of directors. I hereby accept the	- ~ D
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	,	☐ Change ☐ Addition
NAME	RESCH, RUSSELL E	-	1 2 NAME		
STREET ADDRESS	1124 TREASURE CAY COUR	π	1.3 STREET ADDRESS		
CITY-ST-ZIP TIFLE	PUNTA GORDA FL 33950 D	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	KRING, TIMOTHY D		22 NAME		
STREET ADDRESS	1124 TREASURE CAY COUR	Ť	2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950	•	2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	34. CHY-ST-ZIP		Change Addition
NAME		C) ottern	4.2 NAME		C) crange C) yaqqıqqı
STREET ADDRESS			4.3 STREET ADURESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		Breeze	5.4 CITY-ST-ZIP		Observa Til Lider
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME CTOSET ADDOCCC			6 2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6 4 CfTY - ST - ZiP	0 11 110 02/0/07 51 (1 0)	

nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 further certify that the information indicated on this annual report or suppliemental 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 trusted empowered to execute this report is 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:

FILED

May 15 1998 8:00am

Secretary of State