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 # P9300002967 (6)

CHAPALA IMPORTS, INC.

FILED
Mar 12 1998 8:00am
Secretary of State

Principal Place	of Business	Mailing Address				7	i fabligat jin jaiše iinii šālii bāju dalii ābili kali	£ (1919 t	Tria Ariii		
% ELLEN CAR 8118 NW 80TH OCALA FL 34	H AVE.	% ELLEN CAROLE KNIG B118 NW 60TH AVE. OCALA FL 34482	нт			_	DO NOT WRITE IN THIS	SPACE	<u>:</u>		
US		US				3.	Date Incorporated or Qualified				
<u> </u>		2a. Mailing Address					01/13/1993 FEI Number	—т	- T	- N - 4 F	
2. Principal Place of Business		<u>}</u> —				•		-		plied For LApplicable	
Suite, Apt.	4 010	Suite, Apt. #, etc				-+	65-0381605	-		dditional	
	#, etc.	⊢				5.	Certificate of Status Desired		ee Re		
City & State		City & State	City & State			+-	Floring Agencies Floring				
23	•	28	·-¬			6.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zıp	Country	Ζip	Cou	intry	•	₿.	This corporation owes or has paid the cur	rent y			
24	25 29 3			o]			Personal Property Tax due June 30. 🔲 Yes 📈 No				
Name and Address of Current Registered Agent				L_		10.	Name and Address of New Registered	Agent			
KNI	GHT, ELLEN C			81	Name						
8118 NW 60TH AVE. OCALA FL 34482				82	82 Street Address (P.O. Box Number is Not Acceptable)						
				Officer Address (1.0.00x			.e. box reamber is free recognitions				
				83							
											
				84	City		FL	85	Zip C	code	
11 Pursuant i	to the provisions of Sections 607.05	502 and 607 1508. Florida Statu	tes the a	boye	-named cor	poratio	on submits this statement for the purpose of	f chan	aina its	s registered	
office or r	egistered agent, or both, in the Sta	te of Florida Such change was	authorize	d by	the corpora	tion's t	on submits this statement for the purpose of board of directors. I hereby accept the app	ointm	ant as	registered	
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Fi	orida Sta	lutes	•						
SIGNATURE		00	rc Dealston		-t -l-n-t	irad utar	reinstating) DATE			 	
Signature: typed or printed name of registered epint and tille it applicable. (NOTE Regist 12. OFFICERS AND DIRECTORS									S IN 12		
TITLE	D OFFICERS A	DELETE					A DOTTION OF HINGE TO CO. LICENSTAN	T C		Addition	
NAME	KNIGHT, ELLEN C			1.1 TITLE 1.2 NAME					-	_	
	2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			1.3 STREET ADDRESS							
STREET ADDRESS	O O A I A PI										
CITY-ST-ZIP	OCALA FL			CITY-ST-ZIP			***************************************		hanne	Addition	
TITLE	D WHOLE LAWDENCE E				ļ				iaiigo	L AUGILION	
NAME	KNIGHT, LAWRENCE E			2.2 NAME			· ·				
STREET ADDRESS				2.3 STREET ADDRESS							
CITY_ST_7/P	OCALA FL		2.40	CITY-S	T-7IP						

CRIY-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.

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

DANVERS, SUSAN H

8118 NW 60TH AVE.

OCALA FL

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