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

03402267

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # **P93000014339**

Corporation Name
3.C.H. ASSOCIATES, INC.

[redacted]

ncipal Place of Business	Mailing Address
E PALMETTO PK RD :A RATON FL 33432	501 E PALMETTO PK RD BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/25/1993
Suite, Apt. #, etc	Suite, Apt. #, etc. 27	4. FEI Number 65-0390702 — Applied For / Not Applicable
City & State	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 25 Country	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GOLDBAUM, KEITH A~~
~~2620 NW 64 PLACE~~
~~BOCA RATON FL 33496~~
Brian Broad

10. Name and Address of New Registered Agent

81 Name: BRIAN Broad, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1300 N. Federal Hwy #107
83
84 City: BOCA RATON FL 85 Zip Code: 33432

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SNATURE: [signature] 3/26/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E STD E HADDAD, CALVIN EET ADDRESS 2629 NW 64 PLACE -ST-ZIP BOCA RATON FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 03/15/99 12:03 PM 561-06
E DP E HADDAD, BABETTE L EET ADDRESS 2629 NW 64 PLACE -ST-ZIP BOCA RATON FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
E D E HADDAD, MELISSA EET ADDRESS 2629 N.W. 64 PLACE -ST-ZIP BOCA RATON FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
ET ADDRESS T-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
T ADDRESS T-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS P	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

ereby 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 icated 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 icer 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 ck 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

NATURE: [signature] Babette Haddad - Pres. 2/19/99 561-347-7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #