## 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** 

P93000071094 (5)

CHIC	RS H US III, INC.					
Principal Plac	ce of Business	Mailing Address		,		ORICI ODIH SOCAH HIDEF BOHD HOHA BHO 1001
12268 GLENMORE DR CORAL SPRINGS FL 33071 US		12268 GLENMORE DR CORAL SPRINGS FL 33071 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified		
					,	ŀ
2. Principal Place of Business 2a. Mailing Ad			<del></del>		10/13/1993 4. FEI Number	Applied For
21		26		65-0442651	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>			¢0.75
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has pa	aid the current year Intangible
24	25	29	30		Personal Property Tax due June	
	g, Name and Address of Curre	it Hegistered Agent		11 Name	10. Name and Address of New Re	gistered Agent
	PAPELL, JEFFREY		ſ	Name		
12268 GLENMORE DR CORAL SPRINGS FL 33071			8	82 Street Address (P.O. Box Number is Not Acceptable)  63		
			-			
			•	"		
			ε	4 City		FL 85 Zip Code
11, Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	22 and 607.1508, Florida Sta of Florida. Such change wa ations of Section 607.0505	tutes, the abo s authorized Florida Statut	ove-named corp by the corporat	poration submits this statement for the patients board of directors. I hereby acception's	purpose of changing its registered
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,				
	Signature, typed or printed name of registered age			lgent signature requir	····	DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D DADELL IEEEDEV	DELETE	1.1 TITLI			Change Addition
NAME	PAPELL, JEFFREY 12268 GLENMORE DR		12 NAM	ŀ		
STREET ADDRESS	CORAL SPRINGS FL			ET ADDRESS		
CITY-ST-ZIP TITLE	CONAL SPRINGS FL	DELETE	1.4 CITY 2.1 TiTLE	-ST-ZIP		Change Addition
NAME			2.1 ITILE 2.2 NAM			☐ Change ☐ Addition
STREET ADDRESS						
				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CHY 3.1 TITLE	- ST- ZIP		Change Addition
NAME		- vaca	3.2 NAM			Charge E Aubtron
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME .			4. 2 NAM			onunge neathor
STREET ADDRESS			ľ	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAMI			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	_		5.4 CITY	ST-ZIP	•	
TITLE		☐ DELETE	61 TITLE			Change Addition
NAME			6.2 NAME	:		
CTOFFE ADDRESS						t

14. Thereby 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 admust 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 of 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 prifan attactment with an address.

SIGNATURE:

CR2E034 (10/97)

**FILED** 

Jan 20 1998 8:00am

Secretary of State