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PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address

YPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000075415** (8)

CHAI 7, INC.

	e of Business	Ma∃ir	ig Address			1			
\$180 N. 36TH S HOLLYWOOD FI	ST.	3180 1	3180 N. 36TH ST. HOLLYWOOD FL 33021-2632						
HOLLINGOV II	se words:	T COLL	HOUSE IN BOOK 1'S				1 =		
L.						3. Date Incorporated or Qualified 10/25/1993		e of Last R)/1996	eport
2, Principal Pl	lace of Business	2a. M	ailing Address			4. FEI Number		Ar	plied For
21		26				65-0446607			t Applicable
Suite Apt. (#. etc.	27 St	iite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	9	C	ty & State			6. Election Campaign Financing		\$5.00	May Be
23	**************************************	28				Trust Fund Contribution		Added	to Fees
Ζ _{(D}	Country 25	29 Zi	p	Cou 30	ntry	8. This corporation has liability for Florida Statutes	intangible to		. 199.032,
	g, Name and Address o	f Current Register	ed Agent			10. Name and Address of New Re	egistered A	gent	
DOL	CHIN, STEVEN B				81 Name				
) sheridan St. Te 2028				82 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	LYWOOD FL 33021			l	83				
· ·					84 City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections	607.0502 and 607.	1508. Florida Stati	ites, the at	ove-named cor	rporation submits this statement for the	ouroose of o	hanging il	s reaistered
office or re	egistered agent or both, in t mifarciliar with land accept the	the State of Florida.	Such change was	authorized	i by the corpora	ation's board of directors. I hereby acce	pt the appoi	intment as	registered
~	позатыва мил впо восерти	ne obligations or, a	1,6000,100 (10)(0)	ionaa otaa	utes.				
SIGNATURE	Signature reposition provided where other	gistered agent and title 12;	ru cabia (MC	ATC: Davidson		madulation and and and and and and and and and an	DATE		······
1			discottore frac	TIE. Medisterer	l Agent signature requ	nega weat telligraturið)			
12.	OFFIC	ERS AND DIRECTO		13.	l Agent signature requ	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12
· 	P	ERS AND DIRECTO						DIRECTOR Change	S IN 12 Addition
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