

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087296 (8)

1. Corporation Name

CHL MARKETING CONSULTANTS, INC.

Principal Place of Business

1152 CORAL CLUB DR
CORAL SPRINGS FL 33071

Mailing Address

1152 CORAL CLUB DR
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

4. FEI Number

65-0456845

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 12373 NW 10TH DRIVE

Suite, Apt. #, etc.

22

City & State

23 CORAL SPRINGS, FL

Zip

24 33071

25 USA

2a. Mailing Address

26 12373 NW 10TH DRIVE

Suite, Apt. #, etc.

27

City & State

28 CORAL SPRINGS, FL

Zip

29 33071

30 USA

9. Name and Address of Current Registered Agent

LEVIN, ALAN
1152 CORAL CLUB DR
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12373 NW 10TH DRIVE

83

84 City

CORAL SPRINGS, FL

FL

85 Zip Code

33071

11. 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.

SIGNATURE

Alan Levin ALAN LEVIN

Alan Levin ALAN LEVIN

4/13/95

(Signature of agent or change of registered agent and board approval)

(NOTE: Registered Agent signature required when re-designating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DST
LEVIN, SHERRY A
1152 CORAL CLUB DR
CORAL SPRINGS FL 33071

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P
LEVIN, ALAN A
1152 CORAL CLUB DR
CORAL SPRINGS FL 33071

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

12373 NW 10TH DR
CORAL SPRINGS, FL 33071

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

12373 NW 10TH DR
CORAL SPRINGS, FL 33071

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (17)(3)(g), 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 of this report, or as an attachment with an address.

SIGNATURE:

Alan Levin ALAN LEVIN PRESIDENT

4/13/95

305-753-7526

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)