

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000010068 (2)**

1. Corporation Name

**CHROME INVESTMENTS, INC.**

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 2:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**200 E ROBINSON ST  
SUITE 500  
ORLANDO FL 32801**

Mailing Address

**200 E ROBINSON ST  
SUITE 500  
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**02/08/1994**

3a. Date of Last Report

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

4. FEI Number

**59-3225743**

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

23. City & State

24. Zip

25. Country

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**G. STEVEN, STEVEN  
200 E ROBINSON ST  
SUITE 500  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81. Memo

**FLORIDA CORPORATE SUPPORT, INC.**

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

**200 EAST ROBINSON STREET**

83. Suite

**SUITE 500**

84. City

**ORLANDO FL**

**FL**

85. Zip Code

**32801**

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

**FLORIDA CORPORATE SUPPORT, INC.**  
**G. STEVEN, STEVEN**

**4/24/95**

12. OFFICERS AND DIRECTORS

|                 |                                    |
|-----------------|------------------------------------|
| TITLE           | <b>D</b>                           |
| NAME            | <b>LONG, ERIC</b>                  |
| STREET ADDRESS  | <b>200 E ROBINSON ST SUITE 500</b> |
| CITY - ST - ZIP | <b>ORLANDO FL 32801</b>            |
| TITLE           | <b>D</b>                           |
| NAME            | <b>LONG, LYNETTE</b>               |
| STREET ADDRESS  | <b>200 E ROBINSON ST SUITE 500</b> |
| CITY - ST - ZIP | <b>ORLANDO FL 32801</b>            |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

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 110.07(2)(k), 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.

SIGNATURE: **✓**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/95 (407) 855-1185**