PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

1. Corporation Name

DIVISION OF CORPORATIONS DOCUMENT # P9400010068

FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90142 030 ***150.00

CHROM	E INVESTMENTS, INC.								
Principal Plac	ce of Business	Mailing Address				T (OB) (OO) (OO) OOO (OO) OO (OO)	LI ILULI BUSIL WOLL	WILE WILLIAM	
10155 ROCKET COURT 10155 ROCKET COURT ORLANDO FL 32824 ORLANDO FL 32824						DO NOT WRITE IN TH	S SPACE		
						3. Date Incorporated or Qualifed			1
						02/08/1994			ĺ
2. Principal F	Place of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	Ap	plied For	
21		26				59-3225743		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 / Fee Re		1
22		27							ł
City & State		City & State				6. Etection Campaign Financing Trust Fund Contribution	\$5.00 Added 1		ļ
Zip	Country	Zip	Cou	ntrv		8. This corporation owes the current year li		0 1-862	
24	25	`	30	iu y		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Currer		30			10. Name and Address of New Registered	d Agent		
				81 Na	ne				
	ND JR., GEORGE B.		į	82 Str	et Addre	ess (P.O. Box Number is Not Acceptable)			ł
	55 ROCKET COURT		Ì	UL Gar	ot naur	Sas (F.O. Box Hamber to Not Absorbable)			l
ORL	ANDO FL 32824			83					
				84 City			85 Zip (Code	
		_		- '		F	<u> </u>		
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	thorized	by the c	ea corpo orporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered age:	nt and title if applicable. (NOTE:	Registered	Agent signal	ıre required	when reinstating) DATE			ĺα
12.	OFFICERS AN	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A			(11/98)
TITLE	PVD	☐ DELETE	1.1 TIT	LE			Change	☐ Addition	
NAME	READ, GEORGE B JR		1.2 NA	ME					2
STREET ADDRESS			1.3 STREET ADDRESS		ss				2E034
CITY-ST-ZIP	ORLANDO FL 32824		_	Y-ST-ZIP			Change	☐ Addition	à
TITLE	STD	☐ DELETE	2.1 TT				☐ Change	T Modinosi	`
NAME	READ, MARIE MAGDA B		2.2 NA						
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32824			TY-ST-ZIP	+-		☐ Change	Addition	
TITLE		□ bere ie	3 1 TIT				Gridings		
NAME	1		3.2 NA						ĺ
STREET ADDRESS				REET ADDRI	.55		•		
CITY-ST-ZIP TITLE				3.4 CITY-ST-ZIP 4.1 TITLE			Change	Addition	1
			4. 2 NA		ļ			_	
NAME STREET ADDRESS				REET ADDRI	22				
				Y-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	51 TIT		_		Change	Addition	
NAME			5.2 NA						
STREET ADDRESS			5.3 ST	REET ADDRI	ss				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP					ļ
TITLE		☐ DELETE	6.1 TiT	ĹÉ			Change	☐ Addition	
NAME	}		62 NA	ME		•			
STREET ADDRESS			63.ST	REET ADDRI	ssl				l
			300		- I				l

14. I hereby 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 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 arachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR