FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000012767 (7)

H. CHENOY AND COMPANY. INC.

Mailing Address Principal Place of Business 2615 OAKBROOK CT 2615 OAKBROOK CT FT LAUDERDALE FL 33332-3441 FT LAUDERDALE FL 33332 3. Date Incorporated or Qualified 3a. Date of Last Report 02/14/1994 05/01/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0477942 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes 🔼 No 30 Florida Statutes 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHENOY, HOWARD 2615 OAKBROOK CT 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33332 83 Zip Code 84 City 85 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 Signature, typed or proted name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 resourer, vice-President Finance Change DELETE 1.1 TITLE TRUE AMI J. Chenor! CHENOY, HOWARD 1.2 NAME NAME Oakbrook Ci 2615 OAKBROOK CT 1.3 STREET ADDRESS STREET ADORESS EC 33333 FT LAUDERDALE FL 33332 1.4 CITY - ST - ZIP CITY - ST-- ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-20 DELETE Change Addition 3.1 TITLE TOLE 32 NAME NAMI 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIP Addition DELETE 4.1 TITLE Title 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - Z(P 4.4 CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

14. I do 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 attachment with an address. SIGNATURE:

DELETE

500002184145 -05/20/97--01002--014

***165.00

Change

Addition

FILED

May 08 1997 8:00am

Secretary of State