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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P94000012767

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

MENT OF STATE Harris of State May 08, 1999 8:00 am Secretary of State

05-08-1999 90060 029 ***150.00

H. CHENOY AND COMPANY	. INC-	
ncipal Place of Business	Mailing Address	(1991/48) NA 1911/ BERLI BERL
OAKBROOK CT	2615 OAKBROOK CT	

Principal Place of Business Ma		Mailing Address	Mailing Address					
2615 OAKBROOK CT FT LAUDERDALE FL 33332		2615 OAKBROOK CT FT LAUDERDALE FL 33332						
				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		
\						02/14/1994		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	Ai	pplied For
21		26				65-0477942	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ \$8		Additional	
22		27				5. Certificate of Status Desired	-Fee:R	equired -
City & Stat	e	City & State				6. Election Campaign Financing	• •	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year Inta		ANO
24	25	29	30			Personal Property Tax.		ZISONO
	9. Name and Address of Curren	t Registered Agent		81 1	Name	10. Name and Address of New Registered A	Agent	
CHE	:NOY, HOWARD			ĽL				
	5 OAKBROOK CT			82 5	Street Addre	dress (P.O. Box Number is Not Acceptable)		
	AUDERDALE FL 33332			83				
Ì				84	City	FL	85 Zip	Code
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 and CO7 1509 Florida State	utos the s	hove-n	amed corno	oration submits this statement for the purpose of	changing its	s registered
office or r	registered agent, or both, in the State :	of Florida. Such change was	authorized	d by the	e corporatio	on's board of directors. I hereby accept the appoir	ntment as re	agistered
agent. I a	im familiar with, and accept the obligation	tions of, Section 607.0505, FI	iorida Stat	tutes.				
SIGNATURE	Signature, typed or printed name of registered ager	A CH. X analizable (A)O	TE: Pagistora	d Agent Pic	anature required	d when reinstating) DATE		
12.		ID DIRECTORS	13.	a Agent si	gitatore required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TI	ITLE	-		Change	☐ Addition
NAME	CHENOY, HOWARD		1.2 N	AME				
STREET ADDRESS			13S	TREET AD	ODRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33332		14 C	ITY-ST-ZI	IP			
TITLE	TVP	☐ OELETE	2 1 TI				Change	Addition
NAME	CHENOY, AMY J		22 N	AME				
STREET ADDRESS	AND DAVEDOON OF		2.3 S	TREET AD	DORESS			
CITY-ST-ZIP	FT-LAUDERDALE FL 33332			CITY-ST-Z	ZIP			
TITLE		☐ DELETÉ	3.1 TI				Change	☐ Addition
NAME			3.2 N	IAME				
STREET ADDRESS	1		3.3 S	TREET AD	DDRESS			
CITY-ST-ZIP			3.4. 0	CITY-ST-Z	ZIP			
TITLE		☐ DELETE	4.1 TI	TILE			Change	☐ Addition
NAME			4.21	NAME				
STREET ADDRESS			4.3 S	TREET AD	DDRESS			
CITY-ST-ZIP			4.4 C	ITY-ST-Z	IP .			
TITLE		☐ DELETE	5.1 T				Change	noitibbA [
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 S	TREET AD	ODRESS			
CITY-ST-ZIP				HTY-ST-Z	'IP			
TITLE		☐ DELETE	6.1 TI	TTLE			Change	☐ Addition
NAME	1		6.2 N	IAME				

64 CITY-ST-ZIP

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 attachment with air address, with all others like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH=vo-

73/99 384-