FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAR 30 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013019

1. Corporation Name

C.H.F.S., Inc.

Principal Place of Business	Mailing Address
5400 North Federal Highway Ft. Lauderdale, FL 33308	Wick Corporate Center 100 Woodbridge Center Dr. Suite 301 Woodbridge, NJ 07095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/94

3a. Date of Last Report: N/A

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: 65-0482479 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) | Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

Philippe J. Fontanelli
5400 N. Federal Highway
Ft. Lauderdale, FL 33308

10. Name and Address of New Registered Agent

01 Name

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

03

04 City FL 05 Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and date above (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/CEO/T/T	11 TITLE	☐ Change ☐ Addition
NAME	Cyktor, Jr., Louis J.	12 NAME	300001444483
STREET ADDRESS	100 Woodbridge Center Dr., #301	13 STREET ADDRESS	-03/31/95--01013--011
CITY-ST-ZIP	Woodbridge, NJ 07095	14 CITY-ST-ZIP	****200.00 ****200.00
TITLE	S/D	21 TITLE	☐ Change ☐ Addition
NAME	Cyktor, Sharon	22 NAME	
STREET ADDRESS	100 Woodbridge Center Dr., #301	23 STREET ADDRESS	
CITY-ST-ZIP	Woodbridge, NJ 07095	24 CITY-ST-ZIP	
TITLE	[redacted]	31 TITLE	☐ Change ☐ Addition
NAME	[redacted]	32 NAME	
STREET ADDRESS	[redacted]	33 STREET ADDRESS	
CITY-ST-ZIP	[redacted]	34 CITY-ST-ZIP	
TITLE	[redacted]	41 TITLE	☐ Change ☐ Addition
NAME	[redacted]	42 NAME	TLS 3/30/95
STREET ADDRESS	[redacted]	43 STREET ADDRESS	
CITY-ST-ZIP	[redacted]	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 added in connection with my address.

SIGNATURE: Louis Cyktor Jr. 3/27/95 908-750-4444

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #