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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000031594 (2)**

1. Corporation Name

CHAQUA CORPORATION



Principal Place of Business

**5524 ELIZABETH ROSE SQUARE
ORLANDO FL 32810-6601**

Mailing Address

**5524 ELIZABETH ROSE SQUARE
ORLANDO FL 32810-6601**

2. Principal Place of Business

2a. Mailing Address

21 **NO CROWN POINT GREEN**

26 **380 S. SR 434**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE #112**

27 **SUITE #1004-313**

City & State

City & State

23 **LONGWOOD, FL**

28 **ALTAMONTE SPRINGS, FL**

Zip

Zip

Country

24 **32779**

25

29 **32714**

30

9. Name and Address of Current Registered Agent

**QUALLS, CHARLES R
5524 ELIZABETH ROSE SQUARE
ORLANDO FL 32810-6601**

81 Name

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

83

84 City

FL

85 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

Charles R. Qualls

Signature of Registered Agent (if different from above)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
P	QUALLS, CHARLES R.	5524 ELIZABETH ROSE SQUARE	ORLANDO FL	☐
V	QUALLS, CAROLYN J.	5524 ELIZABETH ROSE SQUARE	ORLANDO FL	☒
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	1-2 NAME	1-3 STREET ADDRESS	1-4 CITY - ST - ZIP	☐ Change ☐ Addition
2-1 TITLE	2-2 NAME	2-3 STREET ADDRESS	2-4 CITY - ST - ZIP	☐ Change ☐ Addition
3-1 TITLE	3-2 NAME	3-3 STREET ADDRESS	3-4 CITY - ST - ZIP	☐ Change ☐ Addition
4-1 TITLE	4-2 NAME	4-3 STREET ADDRESS	4-4 CITY - ST - ZIP	☐ Change ☐ Addition
5-1 TITLE	5-2 NAME	5-3 STREET ADDRESS	5-4 CITY - ST - ZIP	☐ Change ☐ Addition
6-1 TITLE	6-2 NAME	6-3 STREET ADDRESS	6-4 CITY - ST - ZIP	☐ Change ☐ Addition

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)(g), 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:

Charles R. Qualls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 407.786.4487
DATE TELEPHONE #

CR2E034 (12/95)