

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT <b>1995</b>	THE STATE OF FLORIDA FLORIDA DEPARTMENT OF STATE Sandra B. Martin Secretary of State TALLAHASSEE, FLORIDA 32301-0001
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:17

**DOCUMENT # P94000033273 (1)**

1. Corporation Name:

**CHI DAI OF LAKE MARY, INC.**

Principal Place of Business:

3653 LAKE EMMA RD.  
LAKE MARY FL 32746

Office Address:

3653 LAKE EMMA RD.  
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business:

21 \_\_\_\_\_

Suite, Apt. #, etc:

22 \_\_\_\_\_

City & State:

23 \_\_\_\_\_

Zip:

24 \_\_\_\_\_

9. Name and Address of Current Registered Agent

**CURTIS, JANET S  
2131 HONTOON RD.  
DELAND FL 32709**

81 Name:

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

83 \_\_\_\_\_

84 City:

**FL** 85 Zip Code:

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this affidavit 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURTIS, JANET S</b>	1.2 NAME	
STREET ADDRESS	<b>2131 HONTOON RD.</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>DELAND FL 32709</b>	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in section 119.06(1)(c), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature affixed to the preceding official record under oath, that I am an officer or director of the corporation or the owner or holder of employment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or on an affidavit with an addendum.

**SIGNATURE: Janet S. Curtis**

*Janet S. Curtis*

*2/11/95*

*407-332-4263*