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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 21 1998 8:00am Secretary of State

1	MENT # P9400C CH ENTERPRISES, INC.	0050516 (1)			
Principal Place of Business Mailing Address					
5660 JASON LEE PLACE 5660 JASON LEE PLACE					
SARASOTA I		SARASOTA FL 34233	-		
ļ				DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	
2. Principal	Place of Business	2a. Mailing Address	*****	07/07/1994 4. FEI Number Applied F	-or
21		26		65-0505394 Not Appli	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition	nal
22		27		Fee Required	
City & Sta		City & State		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	•
24	25 9. Name and Address of Current	Pagistared Agent	30	Personal Property Tax due June 30, Yes No 10, Name and Address of New Registered Agent	
		negistered Agent	81 Name	IV. Name and Address of New Registered Agent	
)BIECH, GERALD T 60 JASON LEE PLACE				_ _
SARASOTA FL 34233			82 Street A	ddress (P.O. Box Number is Not Acceptable)	ľ
021	100017172 01200	-	83		
			84 City	85 Zip Code	
		<u> </u>		FL	
office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation of signature, typed or printed name of registered agent.		tes, the above-named c authorized by the corpo lorida Statutes. TE, Registered Agent signature re	orporation submits this statement for the purpose of changing its regist ration's board of directors. I hereby accept the appointment as registe	red
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	D	DELETE	1.1 TITLE		dition
NAME	SOBIECH, GERALD T		1.2 NAME		Ì
STREET ADDRESS	JASON LEE PLACE		1.3 STREET ADDRESS		1
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY-ST-ZIP		
TATLE		[] DELETE	2.1 TITLE	Change C Ac	dition
NAME		į	2.2 NAME		Ì
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Ad	dition
NAME		- -	3.2 NAME		- 1
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change Ad	ldition
NAME			4. 2 NAME		1
Street Address	†		4.3 STREET ADDRESS		1
CITY - ST-ZIP	<u> </u>	DELETE	5.1 TITLE	Change Ad	Idition
TITLE NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Ad	dition
NAME		2	6.2 NAME		
STREET ADDRESS			6,3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	and the second s	}

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information to it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

941-9215857