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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P94000055599
OLIAN IOUNDEAUT IN	uc.

CHANJOHNBLAKE, INC.

KLIMIS, GEORGE N

SUITE 400

30 NORTH RING AVENUE

TARPON SPRINGS FL 34689

Principal Place of Business
1221 EAST TARPON AVENUE
TARPON SPRINGS FL 34689

Mailing Address

1221 EAST TARPON AVENUE 30 NO RING AVE STE 400 TARPON SPRINGS FL 34689

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2. Princ	ipal Place of Business	2a.	Mailing Address
21		26	1221 East Tarpan Avenue
Suite	, Apt. #, etc.		Suite, Apt. #, etc.
22		27	
City &	\$ State		City & State
23		28	Tarpon Springs, FL
Zip	Country	1	Zip Country
24	25	29	<i>9</i> 4689 50 US

9. Name and Address of Current Registered Agent

55 FEB 10 M 10: 53 SECRETAIN OF SINE.



DO	NOT	WRITE	IN	THIS	SPAC

3.	Date Incorporated or Qualifed 07/20/1994		
4	FEI Number 59-3259832		Applied For
1	D9-32D9632		Not Applicable
5	. Certifcate of Status Desired	E)	\$8.75 Additional Fee Required
6	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
8	This corporation owes the curri Personal Property Tax	ent year	Intangible  Yes No
10	Name and Address of New R	enister	ed Agent

	Perso	nal Prop	erty Tax			L	.J Yes
10	. Name	and Ad	dress o	f New	Regist	ered Ag	ent

10. Name and Address of New Registered Agent						
Name						
Street Add	ress (P.O. Box Number is Not Acceptable)					

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

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84 City

agent. I	am familiar with, and accept the obligations of, Section 607.0505, Flo	rida Statutes	una corporation's board of directors	т негеру ассерт те аррс	munem as registe
SIGNATURE		Registered Agen	signature required when revistating)	DATE	
2.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHA	ANGES TO OFFICERS A	ND DIRECTORS

12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	D	[] DELETE	11 TITLE		[] Change	Addition
NAME	THOMPSON, MARIETTE B		1.2 NAME	900002778	979-	- 5
STREET ADDRESS	1221 EAST TARPON AVENUE		13 STREET ADDRESS	-02/17/930	10690	13
CITY-ST-ZIP	TARPON SPRINGS FL 34689		14 CITY-ST-ZIP	****150.00	****15	0.00
TITLE		[] DELETE	21 TITLE		Change	Addition
NAME			22 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CiTY-ST-ZIP		_	
TITLE		( DELETE	31 TITLE		[]] Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP			34 CiTY-ST-ZiP			
TITLE		DELETE	4.1 TITLE		[] Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			43 STREET ADORESS			
COY-ST-ZIP			44 CITY-ST-ZIP			
TRLE		☐ DELETE	51 TITLE		[_] Change	Addition
NAME !			5.2 NAME			
STREET ADDRESS			53 STREET ADORESS			
CITY-ST-ZIP			54 CITY-S1-ZIP	<u> </u>		
TITLE		☐ DELETE	61 TITLE		Change	Addition
NAME			62 NAME		$O(\alpha)$	V I

64 CITY-ST-ZIP 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 sorporation 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 of anged, or on an attachment with an address, with all other like empowered.

63 STREET ADDRESS

**SIGNATURE** 

STREET ADDRESS