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

DOCUMENT # P94000056465 (5)

MICHAI	EL CHIMI JH., P.A C, P.A	•									
Principal Plac	e of Business	Mailing	Address					a anni an	/10 0/101	410 100	
4492 SE 1091	TH PL	4492 SI	E 109TH PLACE				1				
BELLEVIEW F		BELLEV	BELLEVIEW FL 34420				DO NOT MORE IN TURO	20405			
US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							07/29/1994				
2. Principal P	Place of Business	2a. Maile	ing Address				4. FEI Number		Anni	lied For	
21		26					59-3266402	-	\rightarrow $-$	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, otc.				S8 75 Additions				
22		27]					5. Certificate of Status Desired Fee Required				
City & Stat	0	City	& State				6. Election Campaign Financing	\$5	.00 м	lav Be	
23		28					Trust Fund Contribution		lded to		
Zip	Country	Zip		Cour	ıtry		8. This corporation owes or has paid the cu	rent ye	ar Intan	ngible	
24	25	29		30				Yes		No	
	9. Name and Address of Currer	nt Registered	Agent				10. Name and Address of New Registered	Agent			
	IIMI, MICHAEL JR			1	61	Name					
441	92 SE 109TH P L 10341 SE	E High	way 44	1	82	Street Add	dress (P.O. Box Number is Not Acceptable)				
-BE	HEVIEW FL 34420 Belley	ieus. Fi	C3HUZD	L							
ı				1	63						
				-	84	City		85	Zip Co	ode	
		7507.5	50 E				FL	<u> </u>			
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida Su	os, Florida Statul Joh change was	es, the ab authorized	ove I by	-named co the corpora	rporation submits this statement for the purpose cation's board of directors. I heraby accept the ap	r cnang pointme	ing its i	registerea agistered	
agent. La	am familiar with, and accept the oblig-	ations of, Sec	tion 607.0505, FI	orida Statu	ıtes.		, , , ,			•	
SIGNATURE	za energia de la calca de la c		7.00				Ditt				
12.	Signature, typed or posited name of ingistined age OFFICERS AN			13.	Agen	n signature req	ADDITIONS/CHANGES TO OFFICERS AN	DIREC	TORS	IN 12	
TITLE	P	Dirit OTON	DELETE	1.1 101	 LE		ADDITIONS/GITANGES TO GITTOETIS AIN	Ch.		Addition	
NAME	CRIMI, MICHAEL JR.			1.2 NA				_	•	-	
STREET ADDRESS	4492 SOUTH EAST 100TH PL	ACF 7	_			ADDRESS 15	5341 S.E. Highway 441				
CITY-ST-ZIP	-BELLEVIEW PL	\mathcal{J}		1.4 CIT		7IP 6	5341 S.E. Highway 441 belleview, FL 34420				
TITLE	DODE WATER		DELETE	2.1 111			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ch	ange	Addition	
NAME			_	22 NA	ME	,			-		
STREET ADDRESS				1		ADORESS					
CiTY-ST-ZIP	{			2. 4 CI							
TITLE			DELETE	3.1 TIT				☐ Ch	ange	Addition	
NAME	1			3.2 NA	ME	}					
STREET ADDRESS						ADDRESS					
CITY - S1 - ZIP	i										
TITLE				3.4. UI	[Y-S1						
			☐ DELETE	4.1 TIT		-		Ch	ange	Addition	
NAME			DELETE		LF			Ch	ange	Addition	
			☐ DELETE	4.1 TIT 4. 2 NA	LE	ADDRESS		Ch	ange	☐ Addition	
NAME			☐ DELETE	4.1 TIT 4. 2 NA	LE JME REET /	address .		Ch	ange	Addition	
NAME STREET ADDRESS			☐ DELETE	4.1 TIT 4. 2 NA 4.3 STI	LE IME BEET / Y-ST	address .		☐ Ch		Addition Addition	
NAME STREET ADCHESS CITY-ST-ZIP				4.1 11T 4. 2 NA 4.3 STI 4.4 CIT	LE ME REET / Y-ST LE	address .					
NAME STREET ADDRESS CITY-ST-ZIP TITLE				4.1 TIT 4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	LE ME REET / Y-ST LE ME	address .					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				4.1 TIT 4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	LE ME REET / Y-ST LE ME REET /	address . 1-zip					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	LE REET / Y-ST LE ME REET / Y-ST	address . 1-zip			ange		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT	LE REET / Y-ST LE REET / Y-ST LE LE LE LE LE LE LE	address . 1-zip		□ Ch	ange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	4.1 111 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TIT 6.2 NA	LE ME Y-ST LE ME Y-ST LE LE ME ME HEET A Y-ST LE ME	address . 1-zip		□ Ch	ange	Addition	

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 suppliemental 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:

FILED

Apr 23 1998 8:00am

Secretary of State