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 # P9400059384 (5)

CHAMELEON CONCEPTS, INC.

FILED
Apr 17 1998 8:00am
Secretary of State

Display Plans of Pusings Mailing Address						-L s company ben intin many many many many many mind mind faind faint fine film sake					
Principal Place of Business Mailing Address 3801 HOLLYWOOD BLVD 3801 HOLLYWOOD BLVD						l					
SUITE 101	MOOD BLVD	SUITE 101									
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE					
U\$		U\$					3. Date Incorporated or Qu	alified			
•							08/09/1994				
`	Place of Business	2a. Mailing Address					4. FEI Number			Ar	oplied For
21		25					<u>65-0518361</u>			No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Des	ired			Additional
22		27				V. Commodic or claids bec			Fee Re	equired	
City & State	ө	City & State	City & State				Election Campaign Fina	nc i ng	_	•	May Be
23		28				Trust Fund Contribution			Added 1	to Fees	
Zip	Country	Zip	,				8. This corporation owes o		~		
24	25	29	30	т—			Personal Property Tax of				No
4/41	9. Name and Address of Currer	it Hegistered Agent		81	Name		10. Name and Address of	ием нев	stered Ag	ent	
	JSNICK, HOWARD A.			"	INAME	3					
8211 W. BROWARD BLVD.,					Street	t Addres	ss (P.O. Box Number is Not A	cceptable	e)		
	E. 420										
FT.	: LAUDERDALE FL 33324			83							
				84	City					85 Zip (Code
									FL		
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida State	ites, the a	above	e-name@	d corpor	ration submits this statement	for the pu	irpose of ch	nanging it	ts registered
agent. La	im familiar with, and accept the oblig-	ations of, Section 607.0505, F	lorida Sta	atutes	i.	rporatio	it's board of directors. Theres	y accept	. и е арроп	illioni as	registered
SIGNATURE											
0.014110112	Signature, typed or printed name of registered age	rt and the if applicable (NC			nt signatur	re required	when reinstating)		DATE		
12.	OFFICERS AN		13.				ADDITIONS/CHANGES T	O OFFICE			
TITLE	D	DELETE	1.1.1	IITLE					L	Change	Addition
NAME	VASU, MARK		1.21	NAME							
STREET ADDRESS	\$525 ME 163RD ST.		1.3 9	STREET.	address						
CITY-ST-ZIP	N MIAMI FL			1.4 CITY - ST - ZIP							
TITLE	ST DELETE			2.1 TITLE					L	Change	Addition
NAME	CAPIN, STEVE		2.21	NAME							
STREET ADDRESS	3801 HOLLYWOOD BLVD., S	STE. 101	2.3 9	STREET	ADDRESS	1					
CITY-ST-ZIP	HOLLYWOOD FL		2. 4	CITY-S	T-ZIP						
TITLE	DVP	☐ DELETE	3.1 7	3.1 TITLE					L	Change	Addition
NAME .	MILLER, SHANNON		3.2 N	IAME							
STREET ADDRESS	3525 NE 163RD ST.		3.3 9	TREET.	address	1					
CITY+ST-ZIP	N MIAMI FL		3.4.	3.4. CITY-ST-ZIP						-	
TITLE	DELETE			4.1 TITLE					L	Change	Addition
NAME			4.21	NAME		1					
STREET ADDRESS			4.3 5	TREET	address						
CITY-ST-ZIP			4.40	CITY-SI	F-ZIP	1					
TITLE		☐ DELETE	5.1 7	ITLE		1				Change	Addition
NAME			5.2 N	AME		1					i
STREET ADDRESS			5.3 9	TREET.	ADDRESS	1					
CITY-ST-ZIP			5,4 0	ITY-S1	I - ZIP	<u> </u>					
TITLE		☐ DELETE	6.1 1	ITLE						Change	Addition
NAME			6.2 N	IAME		1					
STREET ADDRESS			6.3 S	STREET	AODRESS	1					
CITY-ST-Z#P				ITY-ST							
14. Thereby o	certify that the information supplied w	ith this filing does not qualify	for the ex	empt	ion state	ted in Se	ection 119.07(3)(i), Florida Str	atutes. I fu	urther certif	y that the	information
officer or o	on this annual report or supplementa director of the corporation or the rec	iver a trustee empowered to	curate an execute	this r	eport a	gnature is requir	ed by Chapter 607, Florida S	tatutes; a	naue unue nd that my	name ap	pears in
Block 12 (or Block 13 inchanged, or on an eta-	chmen with an address.							•		ì