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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400063042

1. Corporation Name

CCHAACK MANIAGEMENT INC

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90093 011 ***150.00

JUNAUI	R WANAGEWENT, MC.											
Principal Place of Business			Mailing Address							#### Titri MBeit :	01010 IVOV 1001	
1020 S.W. 14TH		1020	S.W. 14TH DR	RIVE								
BOCA RATON FL 33486 BOCA RATON FL 33486												
								DO NOT WRI	TE IN THIS	SPACE		
								3. Date Incorporated or Qualifed				
		- 1	(4-1): A J J					08/22/1994 4. FEI Number		1 1 4 5	olied For	
— ·	ace of Business		Mailing Addres	55				··		1	t Applicable	
21	26	Suite, Apt. #, etc.					65-0516136		\$8.75 A			
Suite, Apt. #	, 616.	27	Jule, Apr. #, 0					_5 Certificate of Status Desired —		Fée Re		=
City & State			City & State	•				6, Election Campaign Financing		\$5.00	May Be	
23	•	28	•					Trust Fund Contribution		Added to		
Zip	Country		Zip	(Country	•		8. This corporation owes the curre	ent year Inta	ngible		
24	25	29		30				Personal Property Tax.		Yes	□No	
'	9. Name and Address of Curre	ent Registe	ered Agent					10. Name and Address of New R	legistered A	gent		
					81	Name						
	ILEN, MYRIAM				82	Street	Addres	ss (P.O. Box Number is Not Accepta	ible)			
	S.W. 14TH DRIVE											
BOCA	A RATON FL 33486				83							
					84	City		· · · · · · · · · · · · · · · · · · ·		85 Zip C	ode	
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office or re agent. I am	o the provisions of Sections 607.05 gistered agent, or both, in the State n familiar with, and accept the obligi	e of Florida	. Such change	a was authori	zed by	tne corp	corpor oration	ration submits this statement for the 's board of directors. I hereby accep	purpose of o	hanging its tment as req	registered gistered	
office or re agent. I am SIGNATURE	distered agent or both in the State	e of Florida gations of, S	. Such change Section 607.05	e was author 605, Florida S	zed by Statutes	tne corp	oration	ration submits this statement for the 's board of directors. I hereby acception when reinstating)	purpose of continued the appoint	hanging its tment as rec	registered gistered	10
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6.4 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 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, with all other like empowered.

SIGNATURE: