

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:17

DOCUMENT # P94000069973 (3)

CHIT SHADY RUN, INC.

Principal Office Address		Mailing Address		Date of Report		3a. Date of Last Report	
3538 N. HARBOR CITY BLVD. MELBOURNE FL 32935		3538 N. HARBOR CITY BLVD. MELBOURNE FL 32935		09/22/1994		3a. Date of Last Report	
2. Principal Office Address		2b. Mailing Address		4. FEE Number		5. Certificate of Status Desired	
21. State		26. State		59-3265216		X \$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23. City & State		28. City & State		8. This corporation has liability for corporate tax under the 1993 Florida Statutes		X Yes	
24. City		25. State		29. City		30. State	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PETRONI, DAVID F 3538 N. HARBOR CITY BLVD. MELBOURNE FL 32935				81. Name			
				82. Street Address (P.O. Box Number is FEE Acceptable)			
				83. City			
				84. State			
				85. Zip Code			

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of incorporation, and both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: DP S PETRONI, DAVID F 3538 N. HARBOR CITY BLVD. MELBOURNE FL 32935		1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY, FL, ZIP: _____ 4. PHONE: _____ 5. NAME: _____ 6. STREET ADDRESS: _____ 7. CITY, FL, ZIP: _____ 8. PHONE: _____ 9. NAME: _____ 10. STREET ADDRESS: _____ 11. CITY, FL, ZIP: _____ 12. PHONE: _____ 13. NAME: _____ 14. STREET ADDRESS: _____ 15. CITY, FL, ZIP: _____ 16. PHONE: _____ 17. NAME: _____ 18. STREET ADDRESS: _____ 19. CITY, FL, ZIP: _____ 20. PHONE: _____	

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in law 95-100, Florida Statutes. I further certify that the information related on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee assigned to administer this report as required by Chapter 607, Florida Statutes, and that my name appears on block 12 of this F-1 and a transcript of an affidavit with an address.

SIGNATURE: *David F. Petroni*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PERMITTED BY MAY 1