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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000069973 CHIT SHADY RUN, INC.

Principal Place of Business

Mailing Address

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

1996 MAR -6 PM 3: 29

2. Frincipal Plac 21 Suite. Apt # 22	Melbourne,	2a. Maling Address 2b. Surte, Apt # 6	SS			 3. Date Incorporated or Qualified 9/22/94 4. FEI Number 59-3268216 5. Certificate of Status Desired 	194 9/22/94 106 Applied For 3268216 Not Applicable 106 Status Desired S.75 Additional 107 Fee Required 108 Campaign Financing S.00 May Be 109 Added to Fees 109 Postation Added to Fees 109 Postation Postation 109 Postatio				
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution					
23 Zip	Country	Zip	Z _I p Col			8. This corporation has liability fo	r intangibl	le tax under s			
24	25	29	30								
	9. Name and Address of Co David F. Per 3538 N. Harl Melbourne, 1	troni oor City Blv	ed.	83	2 Street /	10. Name and Address of New F			Code		
office or reg agent I an:	the provisions of Sections 607 istered agent, or both, in the Stammar with, and accept the company of Francisco Section 1 of the State Section (1997) is the State Section	State of Florida, Such chang obligations of Section 607.0 etoni	je was abbor 505 Florida (zed t tatule	oy the corp es U	corporation submits this statement for the location's board of directors. I hereby acc	purpose ept the ap	of changing ill oppointment as	ls registered registered		
12.		S AND DIRECTORS		3.	gent and tomor		ICERS AN	ND DIRECTOR	3S IN 12		
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STREET ADDRESS	David F. Per 3538 N. Harl	bor City Blv	a.		ET ADDRESS						
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CID SEZIE		DEL			·ST·ŽIP			Change	Addition		
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(11x 2, No.			6	4 CHY	-\$1 - ZIP			(OVI) Finish	Court days		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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

SIGNATURE: David F. Peroni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arras 3/4/96 407-253-0053

1201 HAYS STREET TALLAHASSEE, FL 32301 904-222-9171 904-222-0393 FAX

800-342-8086



ACCOUNT NO. : 072100000032

REFERENCE:

AUTHORIZATION

COST LINITY

URDER DATE: Harch 6, 1996

ORDER TIME : 11:48 AM

0600FR MO. : 071640

CUSTOMER NO.

162269A

CUETOPER: Ms. Linda Jordan

Community Housing Initiative 3536 N. Harbor City Boulevard

Melbourne, FL 32935

ONNUOL REPORT FILING

NOME: CHIT SHODY RUN, INC.

ONDUAL REPORT

CERTIFICATE OF STATUS

COUTOCT PERSON: Jennafer Poran

EXAMINER'S INITIALS: