## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



F1 ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000092897 (5)

## FILED Mar 16 1998 8:00am Secretary of State

CHAVE	Z BROTHERS, INC.	<b>(-)</b>			
Principal Plac	co of Business	Mailing Address			I ERITA 11001 IOSTO 10141 1081 1051
DELAND FL 32720		2420 S. WOODLAND BL DELAND FL 32720	VD. Gratte de		W0.004.05
		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 12/22/1994	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	S. WOODLAND BLVD.	26		59-3288137	Not Applicable
Suite, Apt		Suite, Apt. #, ctc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat		City & State		8. Election Campaign Financing	\$5.00 May Be
3 DELAN	D. FLORIDA	28		Trust Fund Contribution	Added to Fees
Zip 4 3277	Country 25 U.S.A.	Ζ(p.	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	red Agent
	AVEZ, SIMON		B1 Name		
2420 SOUTH WOODLAND BLVD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
DE	LAND FL 32720				
			83		
			84 City		85 Zip Code
			11.	poration submits this statement for the purpo tion's board of directors. I hereby accept the	-L
IZ.	Signature, typint or predect many of regularing as OLF ICERS AN	ND DIRECTORS  DELETE	TE Registered Agent signature requies 13.	ADDITIONS/CHANGES TO OFFICERS	
VAME	CHAVEZ, SIMON		1.2 NAME		2_1 01001g0100000
STREET ADDRESS	119 KENDRA AVE			043 E. Rich AUE.	
CITY-ST-ZIP	DELAND FL 32724	/	1.4 CITY-ST-ZIP		
ITLE	VD	DELETE	2 1 TITLE		Change Additio
NAME	CHAVEZ, TOMAS		2.2 NAME		
STREET ADDRESS	202 7TH AVE E APT B		2.3 STREET ADDRESS		
City-S1-ZiP	PALMETTO FL 34221	,	2. 4 CITY-ST-ZIP		
TITLE	SD	DECETE	31 TITLE		Change Additio
NAME	CHAVEZ, DISIFREDO		3.2 NAME		
STREET ADDRESS	119 KENDRA AVE		3.3 STREET ADDRESS		
CITY-ST-21P	DELAND FL 32724	/_	3 4. CITY - ST - ZIP		
INLE	) TD	DELETE	4 1 TITLE		Change Additio
NAME	CHAVEZ, ANTONIO		4 2 NAME		
STREET ADDRESS	119 KENDRA AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32724	——————————————————————————————————————	4.4 CITY - ST - ZIP	,	
ITLE		☐ DELETE	5.1 TITLE		Change Additio
NAME	J		5.2 NAME		
STREET ADDRESS	1		5 3 STREET ADDRESS		
CITY-S1-ZIP		DELETE	54 CITY-ST-ZIP		Change Additio
TITLE	}	LJ DUKER	6.1 TITLE		L. Grierige L. J. A00000
NAME					
****** ***** ·			6 2 NAME		
STREET ADDRESS CITY-ST-ZIP			63 STREET ADDRESS		

14. Thereby 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 is 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 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 one an attachment with an address.

SIGNATURE:

Simon Chauce, President 3/10/18 24-20-917

:R2E034 (10/97)