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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500008617 (9)

**CIMCHE CORPORATION** 

ncipal Place of Business	Mailing Address
18 U.S. HIGHWAY 19 RT RICHEY FL 34868	10118 U.S. HIGHWAY 19 PORT RICHEY FL 34688-3743

## **FILED** Apr 28 1997 8:00am Secretary of State



This partial value of pasitions										
10118 U.S. HIG PORT RICHEY		10118 U.S. HIGHWAY 19 PORT RICHEY FL 34688:								
					3. Date Incorporated or Qualified 01/27/1995	alified 3a. Date of Last Report 06/19/1996				
2. Principal Piece of Business 2a. Mailing Addre		2a. Mailing Address	5		4. FEI Number 59-33 16 152		Ť	Ар	plied For	
Sulte, Apt. #, etc. Suite, Apt. #, etc					39-33 10 152	Not Applicable \$8.75 Additional				
22 27				5. Certificate of Status Desired				quired		
		City & State	ate		6. Election Campaign Financing	_				
23					Trust Fund Contribution	Added to Fees				
Zip	Country 25	Ζφ <b>29</b>	Country 30	/	8. This corporation has liability for in Florida Statutes	ntangible Yes [		der s.	199.032,	
==1	9. Name and Address of Curren		[30]		10. Name and Address of New Reg					
ROC	CK, CYNTHIA L		81	Name			•			
1011	18 U.S. HWY 19		82	Street Add	dress (P.O. Box Number is Not Acceptab	(e)		·		
POR	IT RICHEY FL 34668		83			<u>'</u>	· · · · · · · · · · · · · · · · · · ·			
			83							
			84	City		FL	85	Zip C	ode	
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida State	utes the abov	e-named co	rporation submits this statement for the pation's board of directors. I hereby accep		Chang	ina ita	rocictored	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS ANI		OTE: Hogistered Ag	ent signature requ	uirud when reinslatog) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIREC	TOR9	S IN 12	
TITLE	D	DELETE	1.1 T(TLE		7,007110110,0717111020 10 01110	CITO AIND	☐ Cha		Addition	
NAME	ROCK, CYNTHIA L		1.2 NAME							
STREET ADDRESS	7320 CHAIRMAN COURT		1,3 STREET	ADDRESS						
CITY-ST-ZIP	PORT RICHEY FL 34668		1.4 CITY - S	ST - ZIP						
TITLE	D	☐ DELETE	2.1 TITLE		•		Cha	ange	Addition	
NAME	ROCK, PATRICK M		2.2 NAME							
STREET ADORESS	7320 CHAIRMAN COURT PORT RICHEY FL 34668		2.3 STREET							
CITY-ST-ZIP TITLE	FORT MOTEL 1 E 34000	DELETE	2. 4 CITY - 3 1 TITLE	ST-ZIP			Cha	nga	Addition	
NAME			3.2 NAME				L_  U116	nige	Addition	
STREET ADDRESS			3 3 STHEET	ADDRESS						
CITY-ST-ZIP			3.4. CITY-	ST-ZIP						
TITLE		DELETE	4.1 TITLE				Cha	inge	Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 S1RE81	ADDRESS						
CITY-ST-ZIP		T beinge	4.4 CITY - 5	IT-ZIP					1 1 1 2 2 2 2 2	
TITLE		DELETE	5.1 TITLE				Cha	inge	☐ Addition	
NAME Street address			5.2 NAME	ADDDEED						
CITY-ST-ZIP			5.3 STREET							
TITLE		DELETE	5.4 CITY-5 6.1 THLE	or-zir			Cha	inge	Addition	
NAME		<del>_</del>	6.2 NAME					<i>5</i> -		
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP			6.4 CITY-5							

I do 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 of changed, or on an attachment with an address