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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9500(CHOLAS INVESTMENT GRO		7)				
Principal Place of Business Mailing Address						HIRAD ONATA BANIA BAN	TO
28399 U.S. 19 NORTH 28399 U.S. 19 NORTH SUITE 280 SUITE 280			1				
CLEARWATER FL 34621		CLEARWATER FL 34621			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 02/27/1995		,
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	TAI	plied For
21		26			59-3302204		1 Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
2		27			b. Certificate of Status Desired	Fee Re	quired
City & State	€	City & State			6. Election Campaign Financing	\$5.00	
20	Country	28			Trust Fund Contribution	Added	
Zip 24	Country 25	21p	Cour	u y	This corporation owes or has paid the Personal Property Tax due June 30.		angible] No
:4	9. Name and Address of Current		30		10. Name and Address of New Registers		J 100
DV	WA, NICHOLAS			81 Name			
29399 U.S. 19 N. STE. 280 CLEARWATER FL 34621				Street Add	dress (P.O. Box Number is Not Acceptable)		
			[B4 City	F	85 Zip (Code
SIGNATURE	Signature, typod or pentind name of registered ages	Land the it applicable (F	NOTE Registered		rporation submits this statement for the purposition's board of directors. I hereby accept the authorise board of directors and the submit of		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	VD	☐ DELETE	1.1 सम			Change	Addition
NAME STREET ADDRESS	DIANA, NICHOLAS 168 RUE DES CHATEAUX		1.2 NA				
	TARPON SPRINGS FL 34689			EET ADDRESS Y-ST-ZIP			
CITY-ST-ZIP TITLE	P	DELETE	2.1 TIT			Change	Addition
NAME	DIANA, MICHAEL		2.2 NAI				
STREET ADDRESS	168 RUE DES CHATEAUX			EET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689			Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITI			Change	☐ Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 STA	EET ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CIT	Y-ST-ZIP			-
TITLE		☐ DELETE	4.1 TITO	.F		Change	Addition Addition
NAME			4. 2 NA	ME			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		DELETE		Y-ST-ZIP		Change	Addition
TITLE		L VELETE	5.1 TITE			change	LI ADDITION
NAME ETREET ADDRESS			5.2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 GH 6.1 TH	Y-ST-ZIP F		Change	Addition
NAME			6.2 NA	- 1			
STREET ADDRESS				EET ADDRESS			

64 CITY-ST-ZIP

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 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 received strusted 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 or an attachment with an address.

FILED

May 18 1998 8:00am

Secretary of State