

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000017098 (1)**

1. Corporation Name

C.A. CHAMBERS ENTERPRISES, INC.



Principal Place of Business

**2815 DAWLEY STREET
ORLANDO FL 32806**

Mailing Address

**2815 DAWLEY STREET
ORLANDO FL 32806**

3. Date Incorporated or Qualified
03/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAMBERS, CHERI A
2815 DAWLEY STREET
ORLANDO FL 32806**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person who is not a registered agent and the filer

(NOTE: Registered Agent signature is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME ☐ DELETE

**D
CHAMBERS, CHERI A
2815 DAWLEY STREET
ORLANDO FL 32806**

12.2 STREET ADDRESS ☐ DELETE

12.3 CITY-STATE-ZIP

12.4 NAME ☐ DELETE

12.5 STREET ADDRESS ☐ DELETE

12.6 CITY-STATE-ZIP

12.7 NAME ☐ DELETE

12.8 STREET ADDRESS ☐ DELETE

12.9 CITY-STATE-ZIP

12.10 NAME ☐ DELETE

12.11 STREET ADDRESS ☐ DELETE

12.12 CITY-STATE-ZIP

12.13 NAME ☐ DELETE

12.14 STREET ADDRESS ☐ DELETE

12.15 CITY-STATE-ZIP

12.16 NAME ☐ DELETE

12.17 STREET ADDRESS ☐ DELETE

12.18 CITY-STATE-ZIP

12.19 NAME ☐ DELETE

12.20 STREET ADDRESS ☐ DELETE

12.21 CITY-STATE-ZIP

12.22 NAME ☐ DELETE

12.23 STREET ADDRESS ☐ DELETE

12.24 CITY-STATE-ZIP

12.25 NAME ☐ DELETE

12.26 STREET ADDRESS ☐ DELETE

12.27 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 STREET ADDRESS

13.3 CITY-STATE-ZIP

13.4 NAME ☐ Change ☐ Addition

13.5 STREET ADDRESS

13.6 CITY-STATE-ZIP

13.7 NAME ☐ Change ☐ Addition

13.8 STREET ADDRESS

13.9 CITY-STATE-ZIP

13.10 NAME ☐ Change ☐ Addition

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 NAME ☐ Change ☐ Addition

13.14 STREET ADDRESS

13.15 CITY-STATE-ZIP

13.16 NAME ☐ Change ☐ Addition

13.17 STREET ADDRESS

13.18 CITY-STATE-ZIP

13.19 NAME ☐ Change ☐ Addition

13.20 STREET ADDRESS

13.21 CITY-STATE-ZIP

13.22 NAME ☐ Change ☐ Addition

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 NAME ☐ Change ☐ Addition

13.26 STREET ADDRESS

13.27 CITY-STATE-ZIP

13.28 NAME ☐ Change ☐ Addition

13.29 STREET ADDRESS

13.30 CITY-STATE-ZIP

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

407
8983281

Daytime Phone #

CR2E034 (12/95)