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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 10 1997 8:00am

Secretary of State

- I NGARRAGA LLE JOLOG CLIRI DARK DARK DOLLI BAKK GOLDI HIBRI YOKO 10017 OCHO CINI BRAK

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000018906 (4)

CHINTZ & CO., INC.

		* :				<u> </u>			A 1111   1111
Principal Place of Business Mailing Address									
515 NORTH PAI WINTER PARK I	RK AVE SUITE 114 FL 32789		515 NORTH PARK AVE., SUITE 114 WINTER PARK FL 32789-3268						
						3. Date Incorporated or Qualified 03/06/1995		e of Last R	eport
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			
21	BA 1441.5 144 1114 BA 1779 1114 1114 1114 1114 1114 1114 1114	26	<u>.</u>			<b>59-33 1 1928</b> Not Applicable			
Suite, Apt.	#, etc	27				5. Certificate of Status Desired Security Securi			
City & State	0	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zιμ	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25					Florida Statutes Yes No			
	9. Name and Address of	Current Registered Agent		1		10. Name and Address of New Reg	istered A	gent	·····
GEE,	, KATHERINE			81	Name				
515 NORTH PARK AVE., SUITE 114 WINTER PARK FL 32789				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
			Ì	83					
			-	84	City			<b>85</b> Zip	Code
				- 1	· 1		FL		
office or n	egistered agent, or both, in th	607.0502 and 607.1508, Florida ne State of Florida. Such change ne obligations of, Section 607.050	was authorized	i by	y the corporation	oration submits this statement for the poon's board of directors. I hereby accep	urpose of t the appo	changing it intment as	ts registered registered
SIGNATURE									
	Signature, typed or printed harde of reg			Age	ent signature require		DATE	DIDEOTOR	50 101 40
12.	OFFICERS AND DIRECTORS  D DELETE			13.		ADDITIONS/CHANGES TO OFFIC		Change	Addition
TELE	D	(E) DECE						Change	Addition
NAME	GRIFFIN, BEVERLY		1.2 NA						,
STREET ADDRESS	525 PRESTON ROAD		1,3 \$1	reet	ADDRESS				
City+ST-ZIP	LONGWOOD FL 32750	I Doctor	1.4 CITY+ST-		T-ZIP	······································		<del></del>	1 1 1 1 1 1 1 1
TITLE	D WATERDALE	☐ DELET					į	Change	☐ Addition
NAME	GEE, KATHERINE	AN 48**	2.2 NAM						
STPEET ADDRESS	2429 FORFARSHIRE DE		2.3 STREET ADORESS		ADORESS				
CITY-ST-ZIP				*****	ST-21P			<b></b>	1.10.
TITLE		DELET						Change	Addition
NAME			3 2 NA						
STREET ADDRESS					ADDRESS				
Cify-ST-ZIP		DELE	3.4. Ci		ST-ZIP			T Channel	A delata-
TITLE		☐ DELET						Change	Addition
NAME			4. 2 N/						
STREET ADDRESS					ADDRESS				
CITY-S1-ZIP		Locati	4.4 CIT		sT - ZIP			Channe	Addition
TITLE		☐ DELET						Change	Addition
NAME			5.2 NA						
STREET ADORESS					ADDRESS				
CITY - ST2IP		Hass	5.4 CIT		J-ZIP			0	Laune.
TITLE		☐ DELE						L Change	Addition
NAME			6.2 NA						
STREET ADORESS			6.3 SY	REET	ADDRESS				
Lengerine I			6400	TV 0	ו מיבידי				1

14. 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