SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

CHAMPION WHITESTAR, INC.

Principal Piace of Business

Mailing Address



8503 NO. MILIT BOCA RATON (ary trail ste. 310 Fl. 33496	6503 NO. MILITARY TRAIL STE. 310 BOCA RATON FL 33496		Date Incorporated or Qualified	3a. Date of Last Report	
					03/28/1995	Sa. Date of Educations (
2. Principal Pla	ce of Bus ness A Nesting Way	2a. Mailing Address	321	<i>></i>	4. FEI Number 65.057918	Applied For Not Applicable
Suite, Apt #	, etc	Suite, Apt #, etc.	-		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	y Beach, FC	1	n, Fl	•	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zp 4 334 8	Country 25 PBC	Zip 33429-	Country 30 P C		This corporation has liability for Florida Statutes	intang ble tax under s. 199.032.] Yes 🔏 No
- ۱- دو د ۱۰	9. Name and Address of Curren		1		10. Name and Address of New Re	gistered Agent
F. F.	TERLALA III E		81	Name		
FUTTERMAN, JILL E 8503 NO. MILITARY TRAIL STE. 310 BOCA RATON FL 33496			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City		FL 85 Zip Code
SIGNATURE	n familiar with, and accept the obligation (performance)	or and the diapplicable (NOTE	Rigide ed Ay		nes when rount doug!	DATE OF DESCRIPTION IN 12
12.		ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition
TITLE NAMÉ	D Futterman, Jill E 6503 no. Military Trail S'		1.2 NAME	ADDRESS 1	LYOIDA Nesting W Delray Beach, F	
STREET ADDRESS	BOCA RATON FL 33496	1E. 310	14 CHY-	T 710	Dalcon Beach 6	33484
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for the rest by 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 it made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in allock 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

96 561-750 406

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