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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030839 (1)

CHAMPION TRADING INC.

| Principal Plac 2770 N.E. 56 FT. LAUDERDA | CT. | Mailing Address 2770 N.E. 56 CT. FT. LAUDERDALE FL 33308-2712 | | | | | | | |
|--|--|---|-------------------|--------------------|-------------|--|---------------------------|----------------------------|-----------------------------|
| | | | | | | 3. Date Incorporated or Qualified 04/17/1995 | 1 | te of Last R 11/1996 | teport |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | | pplied For |
| Suite, Apt. | Suite, Apl. #, etc. | iite, Apt. #, etc. | | | 65-0516375 | | | ot Applicable Additional | |
| 22 27 | | | | | | 5. Certificate of Status Desired | | | equired |
| City & Stat | le | City & State | City & State | | | 6. Election Campaign Financing | F=1 | | May Be |
| Zip | Country | 7 ₁₀ | Cou | intry | | Trust Fund Contribution This corporation has liability for | intensible t | | to Fees |
| 24 | 25 | 29 | 30 | , | | Florida Statutes | | No | . 199.032, |
| | 9. Name and Address of Curren | it Registered Agent | | <u> </u> | | 10. Name and Address of New Re | gistered A | gent | |
| | FFMAN, CHARLES B | | | 81 | Name | | | | |
| 2770 N.E. 56 CT. | | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptat | ole) | | |
| FT. LAUDERDALE FL 33308 | | | | 83 | | Mana | | | |
| | | | | | | | | T | |
| | | | | 84 | Gity | | FL | 85 Zip (| Code |
| office or agent. La | to the provisions of Sections 607 050 registered agent, or both, in the State am familiar with, and accept the oblig. Signature, typed or pointed name of registered age. | ations of, Section 607.0505, | Florida Stat | utos | b. | oration submits this statement for the pion's board of directors. I hereby acceled wish recealing) | purpose of pt the appo | changing it pintment as | Is registered registered |
| 12. | OFFICERS AN | | 1 13. | | | ADDITIONS/CHANGES TO OFFICE | | DIRECTOR | RS IN 12 |
| TITLE | D | ☐ DELETE | 1116 | 1LF | | | | Change | Addition |
| NAME | HUFFMAN, CHARLES B | | | 1.2 NAME | | | | | |
| STREET ADDRESS | 2770 N.E. 56 CT. | | | 1.3 STREET ADDRESS | | | | | } |
| CITY-ST-ZIP TITLE | FT. LAUDERDALE FL 33308 | OFTEDE | 1.4 CI 2.1 TII | | I - ZIP | | | Change | Addition |
| NAME | | L., (/(()) | 2.2 N/ | | | | , | Change | □ MODITION (|
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-\$1-2IP | | | 2.40 | | | | | | |
| TITLE | | C) orters | 3.1 1/1 | TLE | | | | Change | Addition |
| NAME | | | 3.2 NA | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
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| NAME | | 23 0000 | 4. 2 N | | | | , | onange | |
| STREET ADDRESS | | | 4.3 S1 | HEET | ADDRESS | | | | 1 |
| CITY-ST-ZIP | | | 4.4 CI | 1Y - S | T-7/P | | | | |
| TITLE | | ☐ DELETE | 5.1 10 | LE | | | | Change | Addition |
| NAME | | | 5.2 NA | | | | | | |
| STREET ADDRESS | ļ | | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CI 6.1 TIT | | 1 - ZIP | | 7 | Change | Addition |
| NAME | | | 6.2 N/ | | | | | 0.migo | |
| STREET ADDRESS | | | 1 | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 64.00 | | | | | | |

4. 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 if changed, or on an attachment with an address.

SIGNATURE

Charl RM. 1/14

3/7/97

954-928-1629

FILED

Mar 14 1997 8:00am

Secretary of State