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

CORPORATION **ANNUAL REPORT** 



ELOSIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## 1996

P95000057736 (7) **DOCUMENT #** 1. Corporation Name

CHIDGAN	<b>ENTERPRISES</b>	INC
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Principal Place of Business Mailing Address					r sanuank va raini esik sank ediki darki nerki birki 1981 laked ilili (60)				
1851 LILLIAN DRIVE 1851 LILLIAN DRIVE ST. CLOUD FL 34771 ST. CLOUD FL 34771									
					3. Date Incorporated or Qualifie 07/24/1995	d <b>3a</b> . Dat	e of Last F	Report	
<u> </u>	Principal Place of Business 2a. Mailing Address		4. FEI Number			Applied For			
Suite Ant	# plc	26			65-0626451			Not Applicable	
Suite, Apt. #, etc. 22 City & State		Stute, Apt. #, etc. 27		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
23		City & State		Election Campaign Financing     Trust Fund Contribution		Added to Fees			
Z(p)	25 Country	Zigo 29	Country 30	- 4		∕es <b>N</b> o		199.032,	
	9. Name and Address of Curr	ent Registered Agent	81	T - 1.5	10. Name and Address of Nev	/ Registered	Agent		
CLADK	CLIOTIC		01	Name					
CLARK, CURTIS 1851 LILLIAN DRIVE		82	Street Add	dress (P.O. Box Number is Not Acceptable)					
ST. CLOUD FL 34771			83				······································		
			84	′	ation submits this statement for the	FL		p Code	
CICNIATURE	Signature typical or product range of regularies up	CHANGE THE CONTRACT CHARGES	S. Öli: Bay Seyl <b>A</b> jei <b>I 13.</b>		earon submits this statement for the price of directors. I hereby accept the application in the property of th			······	
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NAME	CLARK, CURTIS		1.2 NAME			L	onange	[_] Madition	
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CITY - ST - ZIP	ST. CLOUD FL 34771		1.4 CITY - S	T - ZIF					
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CITY-ST-ZIP			6.4 GiTY - ST						
	y certify that the information surpolice	mility than flower in and and all f	0.4.0111.21	- 11					

I do hereby certify that the information supplied with this fring 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 abcurate 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 inchanged or on an attachment with an address.

GNATURE-

SIGNATURE:

Curtis Clark

a/12/96 (407)957-8990