## 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

## P95000061350 (1) DOCUMENT #

CCH ENTERPRISES, INC.

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

0011 21	11211111100011110				 		
Principal Place of Business Mailing Address 1860 LIVE OAK DR 1860 LIVE OAK DR							
WEST PALM B	BEACH FL 33415	WEST F	ALM BEACH FL 3:	3415-5535			
					3. Date Incorporated or Qualified 08/08/1995	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26		65-0589608	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22 City & Stat		27	& State			Fee Required	
23	.0	28	& State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zφ		Country	This corporation has liability for in		
24	25	29		30		Yes THO	
	9. Name and Address of Curre		Agent	1	10. Name and Address of New Reg	istered Agent	
KEEN, CARMEN D 1660 LIVE OAK DR, WEST PALM BEACH FL 33415				81 Name 7 82 Street 4	ONNIE J DALT Iddrass (P.O. Box Number is Not Acceptable	<del></del>	
e.				84 City/	PR	FL 85 Zip Code	
11. Pursuant office or a agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the State am familia, with, and accept the object	02 and 607 15 e of Florida. S pations of Fig.	08, Florida Statuti uch change was a tion 607,0505, Flo	es, the above-named authorized by the corporate Statutes.	corporation submits this statement for the purioration's board of directors. I hereby accept		
SIGNATURE	Signal styled or printed name of register J ac	ient and tille if app'	cable (NO1)	Filegislered Agerd signature	required when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PO CARMEN D		DELETE	1.1 TITLE	VICE YKES.	Change Addition	
NAME	KEEN, CARMEN D			1.2 NAME	CONNIE J DALTON	N	
STREET ADDRESS	1660 LIVE OAK DR	e		1.3 STREET ADDRESS	CONNET DALTO		
CITY-ST-ZIP	WEST PALM BEACH FL 3341	<del></del>	T (perese	1.4 CHY-ST-7IP	WAB ET 32414	Change Addition	
TITLE			☐ DELETE	2 1 TITLE		Change Addition	
NAME				2.2 NAME			
STREET ADDRESS				2 3 STREET ADDRESS			
CITY-ST-ZIP			DECETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition	
NAME			becare	3.2 NAME		- Produces	
STREET ADDRESS	1			3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-7IP			
TITLE			DELETE	4.1 TOLE		Change Addition	
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-SY-ZIP				4.4 CITY - ST - ZIP			

14. Ido 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 trusted 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.

51 TITLE 5.2 NAME

6.1 THILE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6 4 CITY - \$1 - ZIP

5.4 CITY-ST-ZIP

DELETE

DELFTE

W-30 AT

Addition

Addition

Change

Change

**FILED** 

May 14 1997 8:00am

Secretary of State