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FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063199 (0)

1. Corporation Name

CHR, INC.



Principal Place of Business

Mailing Address

10400 GRIFFIN ROAD
SUITE 300
COOPER CITY FL 33020
US

6800 S.W. 106TH ST.
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 7210 RED ROAD

26 7210 RED ROAD

22 SUITE 202D

27 SUITE 202D

23 SOUTH MIAMI, FL

28 SOUTH MIAMI, FL

24 33143 25 USA

29 33143 30 USA

3. Date Incorporated or Qualified
08/16/1995

3a. Date of Last Report
01/25/1996

4. FEI Number
65-0600129

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, CHARLENE
6800 S.W. 106TH ST.
MIAMI FL 33156

81 Name JAMES RIEGNER
82 Street Address (P.O. Box Number is Not Acceptable)
12651 SOUTH DIKE HIGHWAY
83 SUITE 209
84 City MIAMI FL 85 Zip Code 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	0	DELETE
NAME	HALL, CHARLENE	
STREET ADDRESS	6800 S.W. 106TH ST.	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D	TRAVELS PINE III	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VP	301 WHEELER EXECUTIVE CTR.	
1.3 STREET ADDRESS	517	3540 WHEELER ROAD	
1.4 CITY - ST - ZIP		AVENUE, GEORGIA 30909	
2.1 TITLE	D	FILOMENA RIEGNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P	12651 S. DIKE HIGHWAY	
2.3 STREET ADDRESS		SUITE 209	
2.4 CITY - ST - ZIP		MIAMI FLORIDA 33156	
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Riegner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 (305) 254-4555
Date Daytime Phone #

CR2E034 (9/96)