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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 21 1997 8:00am

Secretary of State

B4 431 7626

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000070368 (2)

CHERMAR ENTERPRISE, INC.

O I IZI II II	iii aiviaiii iiioa; iivo-				\$ (120)   100   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110	) 
Principal Place of Business Mailing Addre			¢¢.			
•			Mailing Address			
2200 N.W. 1857 PEMBROKE PIN		2200 N.W. 185TH WA' PEMBROKE PINES FL				
					O Data Incorporated as O selfied	To Duty at Lond Broad
					3. Date Incorporated or Qualified 09/13/1995	3a. Date of Last Report 05/31/1996
2. Principal Pl	ace of Business	2a. Mailing Address	ng Address		4. FEI Number	Applied For
21 26					65-0611075	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional
22		27	······································			Fee Required
City & State	,	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>Z</b> (p	Country Zip Country			Trust Fund Contribution  8. This corporation has liability for		
24	25	29	30			Yes Mo
-T1	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
DUG	GAN, KIRK		81	Name		
2200 N.W.1 85TH WAY				82 Street Address (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33029						
			83			
			84	City		85 Zip Code
11 Pure and	to the provisions of Sections 607.0	1500 and 607 1509 Florida S	tatular the show	named eare	protion guipmite this statement for the	FL   S   Zip Code
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, type-d or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstal					of when reinstaling)	DATE
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TRILE	D	DELETE	1.1 TITLE	V	ICE PRESIDENT	Change Addition
NAME			1.2 NAME	Ct	TERYL DUGGAN	
STREET ADDRESS 2200 N.W. 185TH WAY			1.3 STREET	AUUIILSS   CL	らいい かいの はな かい	٧ 
City-St-ZiP	PEMBROKE PINES FL 3302		1.4 CITY-S	T-ZIP <b>YG</b>	MBROKE PINES, PL.	33007
TITLE		DETELE				L Change L Addition
NAME STREET ADDRESS			2.2 NAME	1000000		
CITY-ST-ZIP			2 3 STREET			
TITLE			2. 4 CITY - S 3.1 TITLE	11 - ZIP		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP		
TITLE		DELETE				Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
DITY-ST-ZIP			4.4 CITY-S	1-Z#P	· · · · · · · · · · · · · · · · · · ·	
TITLE		L DELETE				Change  Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST 6.1 TITLE	1 - ZIP		☐ Change ☐ Addition
NAME		C Decese	6.2 NAME			CT OWNER CT MOUNTON
STREET ADDRESS			6.3 STREET	ADDRESS		
City - St - ZiP			6.4 CITY - ST			
14. I do heret	y certify that the information supp	lied with this filing does not o	qualify for the exe	mption stated	In Section 119.07(3)(i), Florida Statute	s. 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.						