

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000095410 (3)**

1. Corporation Name

CHIMBORAZO CORP.



Principal Place of Business

**10647 ST THOMAS DRIVE
BOCA RATON FL 33498**

Mailing Address

**10647 ST THOMAS DRIVE
BOCA RATON FL 33498**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

4. FEI Number

65-0632839

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

**SABLOSKY, BARRY A
10647 ST THOMAS DRIVE
BOCA RATON FL 33498**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 the corporation)

(Date) Registered Agent Signature Required When Not Filing

(Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D SABLOSKY, BARRY A**
STREET ADDRESS **10647 ST THOMAS DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ DELETE

NAME **D BONDY, YVONNE S**
STREET ADDRESS **3324 DORCHESTER CT**
CITY-ST-ZIP **LYNCHBURG VA 24503**

TITLE ☐ DELETE

NAME **D BONDY, PETER J JR**
STREET ADDRESS **3324 DORCHESTER CT**
CITY-ST-ZIP **LYNCHBURG VA 24503**

TITLE ☐ DELETE

NAME **D BONDY, PETER J**
STREET ADDRESS **3324 DORCHESTER CT**
CITY-ST-ZIP **LYNCHBURG VA 24503**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

**700001872707
-06/24/96--01024--024
***200.00**

14. I do hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)