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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 05 1998 8:00am

Secretary of State

DOCUMENT # P9600001102 (8)

CHICAGO HOME WORKS, INC. Principal Place of Business Mailing Address 8623 REGENCY PARK BLVD. 8669 REGENCY PARK BLVD. PORT RICHEY FL 94008 PORT RICHEY FL 84668 8123 RIDGE RD WNITE DO NOT WRITE IN THIS SPACE - SAME 3. Date Incorporated or Qualified ORTRICHEY, Fl. 34668 12/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3352411 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KALTER, DONALD 8123 RIDGERD. TOUZ NOTHE COME ONLE Street Address (P.O. Box Number is Not Acceptable) NEW FORI MODEL PL 04003 63 PORT RICHEY. F 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 agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE NAME KALTER, DONALD 1.2 NAME 7602 NOTRE DAME DAME STREET ADDRESS 1.3 STREET ADDRESS THEN FORT MOHEY PE 04000 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 congression or the receiver or trustee empowered to execute this reports as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of chapter 607 or an attackment with an address.

14. I 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