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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001144

1. Corporation Name

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90118 035 ***150.00

שהי נטחי	CHBUAI	-SERVICE, INC.													
Principal Place	of Business		N	Mailing Add	dress					L 100 (100) 118 (01% 07%) 188 (1 00%		9191 1991	eli elsi	1 8181 1961	
3613 DEL PRADO BLVD. 6371-4 PRESIDENTI						СТ									
CAPE CORAL FL 33904				FT MYERS FL 33919					Į	DO NOT WRITE IN THIS SPACE					
			U	S		•			,		E IN THIS	SPACE		-	
									.	3. Date Incorporated or Qualifed					
						_				01/04/1996 4. FEI Number		- 1	Applie	ed For	
2. Principal Place of Business				2a. Mailing Address					į	65-0659026		-		pplicable	
21			26	Suite, Apt. #, etc.					-	00-0009020		\$8.75		•	
Suite, Apt. #, etc.			27	Suite, Apr. #, etc.						5. Certificate of Status Desired			Requi		
City & State			21	City & State						6. Election Campaign Financing		\$5.0	0 Ма	v Re	255
				28					Į	Trust Fund Contribution			ed to F		
Zip		Country	_	Zip Country						8. This corporation owes the curre	nt year Inta	angible			İ
24	ſ	25	29	29 30						Personal Property Tax.	_	Yes		No	
2-4		and Address of Curren		stered Ag	gent		Π			10. Name and Address of New R	egistered /	Agent			
							81	Name			•				
	sen, andr						82	Street Ad	ddres	ss (P.O. Box Number is Not Accepta	ble)				
		ENTIAL COURT					-	O GOOT A	.uu, 05		-·- , .				
FOR	t myers f	L 33919					83								
	,						84	City				85 Z	ip Cot	ie.	
								•			FL	1 1	-		
11. Pursuant	to the provis	ions of Sections 607.050	2 and	607.1508,	, Florida Statu	tes, the a	bove	e-named co	orpor	ation submits this statement for the	ourpose of	changing	its reg	gistered	
office or re	egistered ag m familiar wi	ent, or both, in the State th. and accept the obliga	of Flor tions o	rida. Such of. Section	change was a 607.0505, Flo	autnorizeo orida Stat	a by tutes.	the corpora	ration	ation submits this statement for the particle statement of directors. I hereby accept	t trie appoir	illinent as	regia	tereu	
		an, and accept the stange													
CICNIATION															
SIGNATURE	Signature, typed	or printed name of registered ager	nt and titl	e if applicable	. (NOT	E: Registered	d Agen	it signature requ	quired w	when reinstating)	DATE				9
SIGNATURE	<u> </u>	or printed name of registered ager				13.		it signature requ	quired w	when reinstating) ADDITIONS/CHANGES TO OFF					1001
	D	OFFICERS AN				13. 1.1 Ti	MLE	it signature requ	quired w			D DIREC ☐ Chang		S IN 12	(44100)
12.	D FURCH, \	OFFICERS AN				13.	MLE	it signature requ	quired w						0074 /44 (00)
12.	D FURCH, \ 6371-4 PI	OFFICERS AN OLKER RESIDENTIAL COURT				13. 1.1 Ti 1.2 N	ITLE IAME	r ADDRESS	quired w						70074 /44 (00)
12. TITLE NAME	D FURCH, \ 6371-4 PI FORT MY	OFFICERS AN			DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C	ITLE IAME STREET	r address	quired w			☐ Chang	je	☐ Addition	ODOLOGA /44 100)
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CITY-ST-ZIP 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 indicated on this annual report or supplemental annual report is true and accurate and hat 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 to stee 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

SIGNATIALE ON IRE

Daytime Phone #