**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE Katherine Harris

Secretary of State

	1999	2.00.00.00.00	RPORATIONS	06-22-1999 900	01 001 ***	550.00		
DOCU	MENT # P96000	1 1						
1. Corporatio	n Name							
CHI.2 B	OAT REFINISHING, INC.			 	I PIRII BELIA BIJI :			
Principal Place	e of Business	Melting Address		- 1 10011001 rið senn erki norki þáðil om er astr	ik minnt måttik <b>t</b> irtin i	ISBAN DIRECTOR		
RIVER BEND MARINA INC 6970 NW 9TH ST						•		
1515 SW 20 ST.   MARGATE FL 33088     FT. LAUDERDALE FL 33315				DO NOT WRITE IN THIS SPACE				
US US	CE PL 30013			3. Date incorporated or Qualifed			1	
<u></u>	الم ينهج والمسامر		<u> </u>	05/13/1996		<u> </u>		
	lace of Business	2a. Mailing Address	53 AUE	4. FEI Number 65-0681619	<u> </u>	Diled For Applicable	}	
Suite, Apt.	t etc	26 U460 NW Suite, Apt. #, etc.			\$8.75 A		ĺ	
22	m, 010.	27		5. Certificate of Status Desired	Fee Rec			
City & Stat	9	City & State	W EL	6. Election Campaign Financing	\$5.00			
23		28 COCONUT CAS	Country	Trust Fund Contribution	Added k	Fees		
Zip 24	Country	29 33073 3	· · · · · · · ·	This corporation owes the current year in Personal Property Tax.	ntangiole ☐ Yes	I¥No .	Ì	
24	9. Name and Address of Current			10. Name and Address of New Registers	d Agent			
CDO	WAL DOLICE AL		81 Name				ĺ	
CROWN, BRUCE N 15490 NW 7TH AVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)				
SUITE 205			83				l	
MIAN	A FL 33169		<u> </u>					
			84 City	F		i	ĺ	
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.								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed-or printed name of registered agent	i Naumen		6 - 1	3 . 1444	— i	١.	
12.	OFFICERS AND	and title if applicable. INC It. Ke	roistored Agent signature require	rownen reinsurang) ∪∧i⊏			۱ ۾	
		DIRECTORS	gistered Agent eignature require 13.	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12		
TILE	PD		13. 1.1 TITLE		ND DIRECTOR	RS IN 12	/44/00/	
NAME	nguyen, Chi	DIRECTORS	13. 1.1 TITLE 1.2 NAME			RS IN 12Addition	(44/06)	
NAME STREET ADDRESS	NGUYEN, CHI 6370 NW 9TH ST	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			RS IN 12	22E024 (41/00)	
NAME	NGUYEN, CHI 6370 NW 9TH ST MARGATE FL 33068	DIRECTORS	13. 1.1 TITLE 1.2 NAME			RS IN 12 Addition	CD2E024 /44/08)	
NAME STREET ADDRESS CITY-ST-ZIP	NGUYEN, CHI 6370 NW 9TH ST MARGATE FL 33068	DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP		☐ Change	Addition	CD2E024 744/00)	
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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, Floride 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

<b>MOX</b>	ATURE .	REQUIRED
SIGNATURE AND TYPED OR	PROUTED NAME OF SIG	MING OFFICER OR DIRECTOR

Jun 22, 1999 8:00 am Secretary of State