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

**PROFIT** CORPORATION ANNUAL REPORT 1998

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000054538 (9) DOCUMENT #

CHOCOYO CORPORATION

## FILED Feb 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 228 WEST KING ST 228 WEST KING ST ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1996 2. Principal Place of Business 2e, Mailing Address 4. FEI Number Applied For 59-3390529 21 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 24 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 HALL, CHARLES E JR. Name Charles E. Hall, Jr. 93-B ORANGE STREET **B2** Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32084 25 Old Mission Avenue **B3** 84 City 85 Zip Code 32084 St. Augustine 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 Horida. 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. Charles E. Hall, Jr. 1/20/98 **SIGNATURE** Signature, typed or printed name of regedered agent and side 4. DATE 2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 X Addition DELETE 1.1 TITLE President/Secretary Vice-President/Treasurer Change TITLE DEPIAZZA, ROBERT B 1.2 NAME NAME 228 WEST KING ST STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL 32095 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change ■ Addition TITLE 4.1 TITLE

64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this afficial roped of supplemental around report is true and accurate and that my signalure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DECETE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-7IP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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Change

Change

Addition

Addition