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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061933 (3)

CHROAN INC.

Principal Place of Business

Mailing Address

FILED Jun 18 1997 8:00am Secretary of State



7000 WEST PALMETTO PARK ROAD STE 400 BOCA RATON FL \$3433		7000 WEST PALMETTO PARK ROAD STE 400 BOCA RATON FL 33433-3425							
·					3. Date incorporated or Qualified 07/24/1996	3a. Date of	Last Re	eporl]
2. Principal P	lace of Business	2a, Mailing Address			4, FEL Number	1	Ар	plied For	1
21 8517	Pines Blvd.	26 8517 Pines Blvd.			65-069049	11	No	t Applicable	1
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			- O Miles (O) O miles	\$1	8.75 <i>/</i>	Additional	1
22		27			Certificate of Status Desired	<u>.</u>	Fee Re	quired	
	roke Pines Florid				da Trust Fund Contribution Added to Fees				
Zip 24 33024		Zip 29 33024	Count	•	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	g, Name and Address of Curren	l Registered Agent			10. Name and Address of New Reg	jistered Agen	ıt]
	rellek, steven		8	Name					
700	0 we st palmetto park road	STE 400	E 400 82 Street Add		dress (P.O. Box Number is Not Acceptab	le)			1
BOO	CA RATON FL 33433								
			8:	3					
-			84	City		FL 85	Zip (Code	
11, Pursuant office or r	to the provisions of Sections 607,050; egistered agent, or both, in the State	P and 607.1508, Florida Statu of Florida. Such change was	tes, the abo authorized b	/e-named co by the corpora	rporation submits this statement for the palion's board of directors. I hereby accep	urnose of chai	I nging it: nent as	s registered registered	1
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fi	orida Statute	95.				-	
SIGNATURE			E Destruction			DATE			ļ
	Signature, typed or printed name of registered agent and rate if applicable. (NOTE Registered OFFICERS AND DIRECTORS 13.			eni signature req	uired when reinstaling) ADDITIONS/CHANGES TO OFFIC		FOTOD	0 IN 10	12
12.		DELETE	1.1 TOLE				Change	Addition	Ì
NAME	President		1.2 NAME		Secretary		Sucrigo	(130111511	1
STREET=ADDRESS	Christene Chri	lstie		T ADDRESS	Andrea Christie				8
	10115 SW 13th				10115 SW 13th St Pembroke Pines F		. =		ļŔ
CITY-ST-ZIP TITLE	Pembroke Pine	DELETE	1.4 CITY - 2.1 TITLE	51-2IP	Pemoroke Pines F		Change	Addition	16
NAME		beten	2.2 NAME			۷	mange	CT MOUNTAIN	-
				i i					Ĺ
STREET ADDRESS				T ADDRESS		4			ļ
- CITY-ST-ZIP TITLE			2. 4 City 3.1 Title	- 21 - 711,			Change	Addition	ł
NAME		C occur	3.2 NAN				monge	/ Musicion	
STREET ADDRESS				T ADDRESS					1
				- 1					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE	-81-211			Change	Addition	1
NAME		C Otter	4.1 (I) LE			۰ اسما	mange	L Produitori	
STREET ADDRESS			1	T ADDRESS					1
CITY-ST-ZIP		DELETE	4.4 CITY-	ST-ZIP			Channa	Addition	-
TITLE		— <u> </u>				LJ	Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS	·		1	1 ADDRESS					1
CITY-ST-ZIP		T Access	5.4 CITY	\$1-2IP			O	T-17.000	1
TITLE		DELETE	6.1 TITLE	ĺ		(Change	Addition	l
NAME			6.2 NAME						
STREET ADDRESS			63 STREE	T ADDRESS					
CITY-ST-ZIP			64 CiTY-	ST-ZIP					1

I do 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 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.