

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF REVENUE  
Division of Corporations  
Secretary of State

DOCUMENT # P96000061933 (3)

1. Corporation Name

CHROAN INC.

Principal Place of Business

8517 PINES BLVD  
PEMBROKE PINES FL 33024  
US

Mailing Address

8517 PINES BLVD  
PEMBROKE PINES FL 33024  
US

2. Principal Place of Business

21 8521 Pines Blvd.

Suite, Apt. #, etc.

22 City & State

23 Pembroke Pines, FL

24 Zip 33024

25 Country US

2a. Mailing Address

26 8521 Pines Blvd.

Suite, Apt. #, etc.

27 City & State

28 Pembroke Pines, FL

29 Zip 33024

30 Country US

9. Name and Address of Current Registered Agent

GARELLEK, STEVEN  
7000 WEST PALMETTO PARK ROAD STE 400  
BOCA RATON FL 33433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 agent and title if applicable

(NOTE: Registered Agent's signature is required when terminating)

01/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P [ ] DELETE

NAME CHRISTIE, CHRISTENE  
STREET ADDRESS 10115 SW 13TH STREET  
CITY-STATE-ZIP PEMBROKE PINES FL

TITLE S [ ] DELETE

NAME CRISTIE, ANDREA  
STREET ADDRESS 10115 SW 13TH STREET  
CITY-STATE-ZIP PEMBROKE PINES FL

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

8000002796699--4

-03/05/99--01117--014

\*\*\*\*150.00 \*\*\*\*150.00

8000002796699--4

-03/05/99--01117--015

\*\*\*\*150.00 \*\*\*\*150.00

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/99 (954) 433-7500

(Date)

Display Phone #

FILED

99 MAR -1 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1996

4. FEI Number

65-0690491

Applied For  
Not Applicable

5. Certificate of Status Desired

[ ]

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

[ ]

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes [ ] No

10. Name and Address of New Registered Agent

CR2E034 (5/98)

(2)

Chroan Inc.  
8521 Pines Blvd.  
Pembroke Pines, Florida 33024  
(954) 433-7500

January 2, 1999

Annual Reports Filings  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Sir:

Attached is my 1998 Corporate Annual Report with a \$150.00 check enclosed for the annual fee. We recently asked the State what our corporate status was. As a result, the State sent us a 2nd notice to pay the annual report fee. However, we never received any initial form and payment request so we couldn't have remitted earlier. Our address has changed, and if your 1st notice was mailed to our former address it was not forwarded to us. Furthermore, if the 1<sup>st</sup> notice was mailed to our registered agent (our former attorney) he also did not feel compelled to forward it to us. Consequently, we were unable to respond to any prior notice and remit any required corporate fees. Please accept our attached check as full payment for the 1998 fee, and please abate any penalty assessment related to our late filing of this form.

Thank you for your consideration in this matter.

Sincerely,

