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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 13 1997 8:00am

Secretary of State

407-

726-4/1/

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079002 (7)

CHIMAE	KA, INC.) 	
Principal Plac	e of Business	Mailing Address		— 10011601 110 10110 B1111 00161 00611 00	ANT MUNIC NUMBER ADALIA MARKATE MUNICA ALAN 1880 B
1720 JONES ROAD MELBOURNE FL 32834		1720 JONES ROAD MELBOURNE FL 32934-913	8		
				3. Date Incorporated or Qualified 09/23/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3399225	Not Applicable
Suite, Apt.	_	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes X No
101	9. Name and Address of Curren	nt Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent
	ES, ERIC R		Name		
) JONES ROAD BOURNE FL 32934		82 Street Add	ress (P.O. Box Number is Not Accepta	ible)
. MEL	BOORNE PL 32934		83		
					_
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statuti	es, the above-named cor	poration submits this statement for the	
office or	registered agent, or both, in the State	of Florida, Such change was a	authorized by the corpora	poration submits this statement for the tion's board of directors. I hereby acci	ept the appointment as registered
	and accept the cong	allona of, decitor our cood, ric	orida dialutes.		
SIGNATURE	Signature, typed or printed name of registered ago	ent and title it applicable. (NOT)	E: Registereo Agent signature requ	ired when rainstalling)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	D and Presiden JONES, ERIC R	t, Sect. DELETE	1.1 TITLE		Change Addition
NAME	JONES, ERIC R	•	1 2 NAME		
STREET ADDRESS	1720 JONES ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934		1.4 CITY-S1-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Deserte	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP - 4.1 TITLE		Change Addition
NAME		Otteric	l i		Griange Addition
STREET ADDRESS			4. 2 NAME		
1	İ		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIF 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 1ITLE		Change Addition
NAME			6.2 NAME		_ ,
STREET ADDRESS	}		6.3 STREET ADDRESS		
J	l .				

14. 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 if on an attachment with an address.