

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90074 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000081855

1. Corporation Name
CHL OF MIAMI, INC.

Principal Place of Business % AGS 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI FL 33131	Mailing Address % AGS 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 400 CHALLENGER ROAD Suite, Apt. #, etc. 22 City & State 23 CAPE CANAVERAL Zip Country 24 FL 25 32920		2a. Mailing Address 26 400 CHALLENGER ROAD Suite, Apt. #, etc. 27 City & State 28 CAPE CANAVERAL Zip Country 29 FL 30 32920		3. Date Incorporated or Qualified 10/03/1996	
4. FEI Number 65-0727352		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131			10. Name and Address of New Registered Agent 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE AC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STENSBY, KRISTIAN		1.2 NAME Joseph Hatch	
STREET ADDRESS 901 S. AMERICA WAY		1.3 STREET ADDRESS 400 Challenger Rd.	
CITY-ST-ZIP MIAMI FL 33132		1.4 CITY-ST-ZIP Port Canaveral, FL 32920	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE James Dondoro D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRUNER-HEGGE, EINAR		2.2 NAME 400 Challenger Rd.	
STREET ADDRESS 901 S. AMERICA WAY		2.3 STREET ADDRESS Port Canaveral, FL 32920	
CITY-ST-ZIP MIAMI FL 33132		2.4 CITY-ST-ZIP Port Canaveral, FL 32920	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE William Kovacs	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAGNAN, LARRY		3.2 NAME 400 Challenger Rd.	
STREET ADDRESS 901 S. AMERICA WAY		3.3 STREET ADDRESS Port Canaveral, FL 32920	
CITY-ST-ZIP MIAMI FL 33132		3.4 CITY-ST-ZIP Port Canaveral, FL 32920	
TITLE DC	<input type="checkbox"/> DELETE	4.1 TITLE Bruce Nielsenberg	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIER, ISAAC		4.2 NAME 400 Challenger Rd.	
STREET ADDRESS 901 S AMERICA WAY		4.3 STREET ADDRESS Port Canaveral, FL 32920	
CITY-ST-ZIP MIAMI FL 33132		4.4 CITY-ST-ZIP Port Canaveral, FL 32920	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE A. Jack Chappell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		5.2 NAME 400 Challenger Rd.	
STREET ADDRESS 		5.3 STREET ADDRESS Port Canaveral, FL 32920	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP Port Canaveral, FL 32920	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		6.2 NAME Alan Twaits	
STREET ADDRESS 		6.3 STREET ADDRESS 400 Challenger Rd	
CITY-ST-ZIP 		6.4 CITY-ST-ZIP Port Canaveral, FL 32920	

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)