

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 28 1997 8:00am
Secretary of State

DOCUMENT # P96000093497 (1)

1. Corporation Name
CHESKY CORP.



Principal Place of Business
1364 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

Mailing Address
1364 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/08/1996
3a. Date of Last Report

2. Principal Place of Business
21 1034 SE PORT ST LUCIE BLVD
Suite, Apt. #, etc.

2a. Mailing Address
26 1034 SE PORT ST LUCIE BLVD
Suite, Apt. #, etc.

4. FEI Number 650717267
Applied For Not Applicable

22 City & State
23 PORT ST LUCIE, FL

27 City & State
28 PORT ST LUCIE, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 34952 Country USA

29 Zip 34952 Country USA

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

9. Name and Address of Current Registered Agent
SOPKO, JAMES
2307 SE MONTEREY ROAD
STUART FL 34998

10. Name and Address of New Registered Agent
81 Name MICHAEL F. EHLINGER
82 Street Address (P.O. Box Number is Not Acceptable) 1766 SE HONDO AVE
83
84 City PORT ST LUCIE FL 85 Zip Code 34952

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 MICHAEL F. EHLINGER PRESIDENT 8-23-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	EHLINGER, MICHAEL F	1364 SE PT ST LUCIE BLVD	PT ST LUCIE FL 34952	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PRESIDENT	MICHAEL F. EHLINGER	1766 SE HONDO AVE	PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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; that 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, changed or on an attachment with an address.

SIGNATURE MICHAEL F. EHLINGER 8-23-97 561-737-3324

CR2E034 (4/97)