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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
CHAMS MOWERS, II



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06 1998 8:00am Secretary of State

	MENT # P9600 S MOWERS, INC.	00094190 (1)			
Principal Place	a of Business	Mailing Address			
•					
	BEACH FL 33411-3785	8162 SOUTHERN BLVD. WEST PALM BEACH FL	33411-3785		
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					11/18/1996
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21	# al-	26			59-3411430 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State	0	City & State			
├ ─ ┐ ` ├		 	-		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28	Countr	·	7,000 10 1 000
24	25	29	30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		[30]		10. Name and Address of New Registered Agent
JO.	RDI, AREF	· · · · · · · · · · · · · · · · · · ·	81	Name	
	82 SOUTHERN BLVD.		82	Strant	et Address (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33411-3785]**	Sueer	et Address (F.O. Box Number is Not Acceptable)
 	DE COLLEGE	**	83		
				1	
			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 obligation of, Section 607.0505, Florida Statutes.					
agent. I a	im familiar with, and accoupt the obli	gation of, Section 607.0505, Fig	orida Statute	98.	20 98
SIGNATURE	Signature, typed of pyrited name of registered a	nort and title if sont cable (NOT)	F Ranislared Ar	noni sionalum	iture required when reinstating) A 27-98 DATE
12.		ND DIRECTORS	13.	yen sandon	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	JORDI, AREF		1.2 NAME		Chams, Sausan A.
STREET ADDRESS	8162 SOUTHERN BLVD.		1.3 STREE	1 ADDRESS	
CITY-\$1-ZIP	WEST PALM BEACH FL 334	111-3785	1,4 CITY-	ST-ZIP	WEST Pain Beach, Fl. 33411
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	t address	ss [
CITY-ST-ZIP			2. 4 CITY	ST-ZIP	
TITLE		☐ DELETE	3,1 TITLE		☐ Change ☐ Addition
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	ss k
CITY-ST-ZIP	. <u> </u>		3,4. CITY-	ST-ZIP	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	ss !
CITY-ST-ZIP			4.4 CITY -	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		}
STREET ADDRESS				T ADDRESS	55
CITY-ST-ZIP		T priese	5.4 CITY -	ST-ZIP	
TITLE	*	DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	es [
CITY-ST-ZIP			6.4 CITY -	ST-ZIP	

14. Thereby 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 an attachment with an address.

SIGNATURE:

4.27.98

561,753 6993