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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700009632

CHIEF INTERNATIONAL GROUP, INC.

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Principal Place	of Business	Mailing Address			- I HERRISON FIR INITS INDIA ORDIN AND AND AND AND AND AND AND AND AND AN	}!!! 58 !! 2 18 !! 3 4 !! 34	***************************************
2275 WILLOWBROOK DRIVE 2275 WILLOWBROOK DRIVE							
CLEARWATER FL 33764-6744 CLEARWATER FL 33764-6744							
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					01/27/1997		
Principal Place of Business Za. Mailing Address					4. FEI Number Applied Fo		
21 26				···	59-3426214		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75	
22 27							equired
City & State City & State					6. Election Campaign Financing		May Be
23 28					Trust Fund Contribution	Added i	to Fees
Zip Country Zip Country			untry				
24 25 29 30				Personal Property Tax. Yes SNo			
	9. Name and Address of Current	Registered Agent	81	,	10. Name and Address of New Register	red Agent	
,				Name			}
HO, CHIN-FENG DR.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
2275 WILLOWBROOK DRIVE			*-				
CLE/	ARWATER FL 34624-6744		83				{
	•		-	0.0		85 Zip (Code
			84	City		FL(°°) ^{Zp} `	1
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 board or printed large of Philipstered agent and title (I applicable). (NOTE: Registered Agent signature required when reinstaling) DATE							
	Signature, typed or printed name of registered agent OFFICERS AND			nt signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
12.	D OFFICERS AND		TITLE	т	ADDITIONS/CITANGES TO STITISEIN	☐ Change	Addition
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CITY-ST-ZIP	CLEARWATER FL 34624-6744		CITY-S	ST-ZIP		Change	Addition
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CITY+ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90007 041 ***158.75