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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthâm

Apr 16 1998 8:00am

	JAL REPORT 1998		tary of State CORPORATIONS	Secretary of State
		00016184 (8)	
CHYSI	AL GROUP HOLDINGS, II	NG.		
Principal Plac	e of Business	Mailing Address		
225 WEST MIAMI AVENUE SUITE 5 VENICE FL 34285		225 WEST MIAMI AVENUE Suite 5 Venice Fl 34285		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 02/19/1997
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
Sulte, Apt.	#, etc.	26 Suite, Apt. #, etc.		(05-0733517) Not Applicable \$8.75 Additional
22	*	27		5. Certificate of Status Desired Fee Required
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zio	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9, Name and Address of Curr	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
NC.	CLAUGHLIN, JAMES M	INIT HOSISTOIGU AGOIT	81 Name	IV. Haine and Address of New Registered Agent
1011 CASEY KEY ROAD NOKOMIS FL 34275			82 Street Add	dress (P.O. Box Number is Not Acceptable)
				diess (1.0, box number is not Acceptable)
			83	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida State	utes, the above-named co	
office or r agent. I a	egistere d agent, or both, in the Sta m fa miliar with, and accept the ob	ate of Florida. Such change was ligations of, Section 607.0505, F	s authorized by the corpora Florida Statutes.	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	20		OTE Parish 11	suired whon reinstating) DATE
12.	Signature, typed or printed name of registered OFFICERS A	AND DIRECTORS	OTE: Registered Agent signature requirements	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	MCLAUGHLIN, JAMES M		1.2 NAME	
STREET ADDRESS	1011 CASEY KEY ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	NOKOMIS FL 34275	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	MCLAUGHLIN, KATHLEEN		2.2 NAME	and the second s
STREET ADDRESS	1011 CASEY KEY ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275	DELETE	2.4 CITY-ST-ZIP	
TITLE NAME		L DELETE	3.1 TITLE 3.2 NAME	Change Addition
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4 4 CtTY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	- James - I realito
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	·		5.4 CITY - ST - ZIP	
TITLE	·	DELETE	6.1 TITLE	Change Addition
NAME ,			6.2 NAME	

14. Thereby certify that the information supplied with this filling 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 trustose empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS