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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000016513 (8)

CHILI PEPPER GRAPHICS, INC.

Principal Place of Business Mailing Address 802 SWEETBRIAR RD 802 SWEETBRIAR RD ORLANDO FL 32806 ORLANDO FL 32806 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3490929 26 Not Applicable Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired. Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, Yes Yes 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RICE. DEBREA A **802 SWEETBRIAR RD** 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32806 83 84 City Zip Code **6**5 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 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 DELETE Addition TITLE 1.1 TITLE ☐ Change RICE, DEBREA A NAME 1.2 NAME **802 SWEETBRIAR RD** STREET ADDRESS 13 STREET ADDRESS ORLANDO FL 32806 14 CITY-ST-ZIP CITY-ST-ZIP DELETE \_\_\_ Addition TITLE 21 TITLE NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME 4.3 STREET ADORESS

CITY-S1-ZIP 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 suppliemental 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

4.4 CITY - ST - ZIP

**53 STREET ADDRESS** 54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-S1-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

3-12-98

**FILED** 

Mar 19 1998 8:00am

Secretary of State

407-859-9419

Change

Change

Addition

Addition