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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029901

1. Corporation Name

CHOCF, INC.

Principal Place of Business		Mailing Address											{
1514 SO ALEXA	ANDER STE 207	1514 SO ALEXANDER ST	TE 207										
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PLANT CITY FL 33566 US PLANT CITY FL 33566 US							e Incorporat			EIN	HIS SP/	1CE	
US		00					01/1997	00 01 Q	adillou				
2 Principal P	lace of Business	2a. Mailing Address					Number					I	pplied For
21		26				59-	3446033					\vdash	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							irad		\$	8.75	Additional
22		27				5. Cert	ifcate of Sta		1160	<u> </u>		Fee F	Required
City & Stat	re	City & State					tion Campa	-	_				May Be
23		28				+	t Fund Con						to Fees
Zip	Country	Zip	Coun	itry			corporation		ne curre	ent year		ble Yes	₽No
24	25 9. Name and Address of Curren	29	30				onal Prope ne and Add		Now R	egister			
	y. Name and Address of Curren	t veligesian vilant	- ;	81 1	Name	10. 110.	TO UTILITY VALUE			- 5	<u></u>		
PAR	IS, DEBORAH M		L			40.0.5		.:- 61-4.7		LI_X			
1531	IO AMBERLY DRIVE		Ι'	82 5	Street Addre	ess (P.O. E	lox Number	IS NOT F	Ассеріа	Die)			
STE	300		ļ .	83									
TAM	PA FL 33647		<u> </u>		5.1.							e Zin	Code
			['	84 (City					F	⋷∟│ ^ଌ	a) Zip	Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized i	by the	amed corpo corporatio	oration sub on's board o	mits this sta of directors.	tement i hereby	for the p accept	ourpose t the ap	of char pointme	nging it ent as r	s registered egistered
SIGNATURE	Stronghire, however or professional agency of registered aper	at and tide if applicable. (NO	TE: Registered A	Agent sig	gnature required	d when reinstati	ng)			DATE	_		
	Signature, typed or printed name of registered ager OFFICERS AN	at and tide if applicable. (NO	TE: Registered A	Agent sk	gnature required		ng) TIONS/CHA	NGES	TO OFF		AND D	IRECT	ORS IN 12
SIGNATURE 12. TITLE			<u>i</u>			ADDI	TIONS/CHA			ICERS	AND D	Change	☐ Addition
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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 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 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