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 # **P97000036306**1. Corporation Name

CHEXX MARKETING U.S.A., INC.

DO NOT WRITE IN THIS SPACE SUITE 8	Principal Place of Business		Mailing Address				1 (34)(52) (34)(11) (35)(35)(35)(35)(35)(35)(35)	1111 1111	/ E \$1141	*****
SAFETY HARBOR FL 34659 US 3. Date Incorporated or Qualified On/2/1/1997 2. Principal Flace of Business 2. April 6. South April 7. Business 2. Business	101 MAIN ST		101 MAIN ST	101 MAIN ST						
US Deline incorporated or Qualified OA/2 1/1937 2. Principal Place of Business 2. A Melling Address 3. FEI Number 59-3450401 Not Applicable For Not Applicable Not Applicable For Not Applicable Not Applicable For Not Applicable Not Applicable Not Applicable For Not Applicable Not Appli				SUITE B						
2.		OR FL 34695								
2. Meling Address 2. Meling Address 2. Meling Address 3. FER Immber Applied For Not Applicable Suite, Apt. 4, etc. S	US US						,			
Suite, Apt. #. etc. State St										
Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Specificate of Status Desired Se. Additions Section Sequence	2. Principal F	Place of Business	2a. Mailing Address	Mailing Address					Ар	plied For
27 City & State City & Country City & Country City & Country City & Country City & City City & C	21		26				59-3450401			t Applicable
27 City & State City & City C	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Cordificate of Status Desired S8.75 Additional			
Zip Country Zip Country Zip Country B. This corporation ones the current year intangible Added to Face Zip	27						5. Certificate of Status Desired	Fe	30 Re	quired
Zip Country Zip Country Zip Country Zip Country Zip Country S. This corporation owes the current year Intangality Zip	City & State		City & State				6. Election Campaign Financing	\$5	.00	May Be
24	23		28	28			Trust Fund Contribution			
MASON, JOSEPH C MASON & ASSOCIATES, P.A. 17757 U.S. HWY. 19, NORTH, SUITE 500 CLEARWATER FL 34624-6566 18. 4 City 19. 19. 19. 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 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, 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 milliar with, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE Signature, types or printed ware of regulative agent and tite if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE P BERGE, HENRI MARIE A 101 MAINSTREET, SUITE B SAFETY HARBOR FL 34695 10 ELETE 11 TITLE DELETE 11 TITLE DELETE 11 TITLE DELETE 31 TITLE DELETE 3	Zip	Country	Zip	Zip Country			8. This corporation owes the current year int	angible		
MASON, JOSEPH C MASON & ASSOCIATES, P.A. 17757 U.S. HMY. 19, NORTH, SUITE 500 CLEARWATER FI, 34624-6566 14. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the advanced corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation should directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE To Provide the company of registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. MASON, JOSEPH C. 10. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the acceptance of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the acceptance of Agent segment of the purpose of changing its registered agent and the florida Statutes. 12. OFFICERS AND DIRECTORS 11.1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. In It	24 25 29			30			Personal Property Tax.	Yes	3	□No
MASON, JOSEPH C MASON & ASSOCIATES, P.A. 117757 U.S. HWY. 19, NORTH, SUITE 500 CLEARWATER FL 34624-6566 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 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, 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, 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, or both, in the State of Florida. Statutes. SIGNATURE SIGNATURE SIGNATURE DELETE 1.1 ITILE P BERGE, HENRI MARIE A 1.2 INME 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 INME 1.3 INSECTACORESS 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 ITILE DELETE 1.1 ITILE Change Addition Addition NAME SIREET ADDRESS CITY-ST-ZP TITLE DELETE 1.1 ITILE Change Addition Addition Addition Addition Addition Addition Addition AMME SIREET ADDRESS CITY-ST-ZP TITLE DELETE 1.1 ITILE Change Addition Addition Addition Addition Addition Addition Addition AMME SIREET ADDRESS CITY-ST-ZP TITLE Change Addition Addition Addition Addition AMME SIREET ADDRESS CITY-ST-ZP TITLE Change Addition Addition Addition Addition Addition Addition Addition AMME SIREET ADDRESS CITY-ST-ZP TITLE Change Addition Addition Addition Addition Addition Addition Addition Addition AMME SIREET ADDRESS CITY-ST-ZP TITLE Change Addition Addi		Registered Agent				10. Name and Address of New Registered	Agent			
MASON & ASSOCIATES, P.A. 17757 U.S. HWY. 19, NORTH, SUITE 500 CLEARWATER FL 34624-6566 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 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 SIGNAT					11 1	Name				
INTEGRATION AND CLEARWATER FL 34624-6566 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 agent, or both, in the State of Florida. Such change was authoroxed by the corporation's board of directors. I hereby accept the appointment as registered agent, or high an item familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1 ITTLE 1 ITTLE 1 INTLE 2 INTLE 3 INTLE 3 INTLE 4 INTLE 5 INTL				\ <u>_</u>			(D. C.)			
CLEARWATER FL 34624-6566 State St				8	52 3	Street Addre	ess (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 34624-6566 Ad City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or horizon and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. By the primited name of registered agent and the floridation of the corporation's board of directors. I hereby accept the appointment as registered of the provision of the provi	17757 U.S. HWY. 19, NORTH, SUITE 500			83						
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 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 are familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE BERGE, HENRI MARIE A 1.2 NAME STREET ADDRESS CITY-ST-2P TITLE DELETE 1.3 STREET ADDRESS CITY-ST-2P TITLE DELETE 1.4 CITY-ST-2P TITLE DELETE 3.3 STREET ADDRESS CITY-ST-2P TITLE DELETE 3.4 CITY-ST-2P TITLE DELETE 3.5 SAME 3.5 STREET ADDRESS CITY-ST-2P TITLE DELETE 3.6 STREET ADDRESS CITY-ST-2P TITLE DELETE 3.7 STREET ADDRESS CITY-ST-2P TITLE DELETE 3.8 STREET ADDRESS	CLE	ARWATER FL 34624-6566								
The 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 and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regulatered agent and title if applicable.				8	4 (City	El	85	Zip C	ode
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 regisfered agent and familiar with obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of regulared agent and 80f a Spiticable. (NOTE: Registered Agent agents when rehutating) Time							· · · · · · · · · · · · · · · · · · ·			
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Signat	office or r	egistered agent, or both, in the State of	f Florida. Such change was aut	horized b	v the	iamed corpo e corporatior	pration submits this statement for the purpose of in's board of directors. I hereby accept the appoi	cnangin ntment a	ıgıts as red	registered sistered
Signature typode or printed name of regulated agent and title of applicables (NOTE: Regulated required when reinstating) DATE	agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statute	es.	- ,	,			,
12.	SIGNATURE									
TITLE	42				gent si	gnature required				
NAME BERGE, HENRI MARIE A 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP SAFETY HARBOR FL 34695 14 CITY-ST-ZIP Change Addition Ad							ADDITIONS/CHANGES TO OFFICERS AN			
STREET ADDRESS SAFETY HARBOR FL 34695 1.3 STREET ADDRESS 1.4 CITY.ST.ZIP TITLE		'	☐ DELETE	1.1 TITLE	•			∐ Cha	inge	
CITY-ST-ZIP	NAME	I		1.2 NAME	E					
DELETE				1.3 STREET ADDRESS		DRESS				
NAME	CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY-	1.4 CITY-ST-ZIP					
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CMY-ST-ZIP	TITLE	☐ DELETE 2.1		2.1 TITLE	2.1 TITLE			☐ Char	inge	☐ Addition
CITY-ST-ZIP	NAME			2.2 NAME						
TITLE	STREET ADDRESS			2.3 STREET ADDRESS		DRESS				
TITLE	CITY-ST-ZIP			2.4 CITY-ST-ZIP		np				
NAME			□ DELETE					□ Cha	ange	Addition
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	NAME								•	_
CITY-ST-ZIP 34. CITY-ST-ZIP TITLE		FET ADDRESS!				pprée				
TITLE										
NAME			□ DELETE			IP .		- Cho		[] Addition
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE 5 1 TITLE Change Addition NAME 52 NAME STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME Addition	1		Detere					сна	.iig o	L. Addition
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE 51 TITLE Change Addition NAME 52 NAME STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition TITLE DELETE 61 TITLE Change Addition NAME 62 NAME Addition Addition										
TITLE DELETE \$11TLE Change Addition NAME \$2 NAME \$2 NAME \$3 STREET ADDRESS \$3 STREET ADDRESS \$4 CITY-ST-ZIP \$4 CITY-ST-ZIP \$4 CITY-ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition	STREET ADDRESS			4.3 STRE	ETAD	DRESS				
NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 62 NAME						Р				
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME Addition	TITLE		☐ DELETE	51TITLE				Char	nge	☐ Addition
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME Change Addition	NAME			5.2 NAME						
TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME	STREET ADDRESS			5.3 STREE	ET AD	ORESS				
TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME	CITY-ST-ZIP			5.4 CITY-	ST-ZI	P				
NAME 62 NAME	TITLE		☐ DELETE	6.1 TITLE	:			☐ Cha	ınge	Addition
	NAME			6.2 NAME	-					
	STREET ADDRESS			6.3 STREE	ET AD	DRESS				

6.4 CITY-ST-ZIP 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 sectiver 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.

SIGNATURE:

FILED May 14, 1999 8:00 am Secretary of State 05-14-1999 90003 006 ***450.00