

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

0410479

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000038390

1. Corporation Name
CHIAM, INC.



Principal Place of Business 300 31 STREET NORTH STE 101 ST PETERSBURG FL 33712 1 Beach Dr. #2312 St. Petersburg, FL 33701	Mailing Address 300 31 STREET NORTH STE 101 ST PETERSBURG FL 33712 PO Box 13175 St. Pete, FL 33726
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1 Beach Dr Suite, Apt. #, etc. #2312 City & State St. Pete, FL Zip 33701 Country USA	2a. Mailing Address 26 PO Box 13175 Suite, Apt. #, etc. City & State St. Pete, FL Zip 33723 Country USA	3. Date Incorporated or Qualified 04/22/1997	4. FEI Number 59-3448039	Applied For Not Applicable
		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

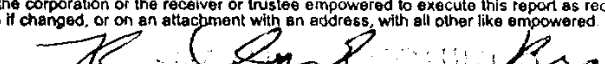
9. Name and Address of Current Registered Agent CLARK, BLAIR W 300 31 STREET NORTH STE 101 ST PETERSBURG FL 33712	10. Name and Address of New Registered Agent 81 Name Blair W. Clark 82 Street Address (P.O. Box Number is Not Acceptable) 1 Beach Dr. SE #2312 83 84 City St. Petersburg, FL 85 Zip Code 33701
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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  DATE 3-15-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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

SIGNATURE:  DATE 3-15-99 332-9961

CR2E034 (11/98)