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

**PROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT  1998		7.7	y of State CORPORATIONS	Secretary of State
1. Corporation	MENT # P9700 CHAMPIONS, INC.	0049243 (3)		
Principal Place of Business 603 INDIAN ROCKS RD BELLEAIR FL 34616		Mailing Address 603 INDIAN ROCKS RD BELLEAIR FL 34616		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal Place of Business		2a. Mailing Address		<b>06/04/1997 4.</b> FEI Number Applied For
21		26		59-3451422 Not Applicable
Suite, Apt #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip 24	Country 25	7φ <b>29</b>	Country 30	8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curre	·· —	30	10. Name and Address of New Registered Agent
PL	ATTE, DAVID E		81 Name	
eco INDIAN DOCKE DO			82 Street Add	dress (P.O. Box Number is Not Acceptable)
				sioo (i i o box rambo i a riot rabaptable)
			83	
			84 City	85 Zip Code
44 5	480	00 - 1007 (600 E) -1-05		FL 6 Zp code
office or r	to the provisions of Sections 607.05 egistered agent, or both in the state	02 and 607.1508, Florida Statute e of Florida. Such change was a	es, the above-named cor outhorized by the corpora	rporation submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered
	- / 1 /2 . 1/C. \ \ \ 1/B	(	rida Statutes	
SIGNATURE	Signature Typed or ported name of regulered a	TO CO pent and Tribe if applicable INOTE	· Registered Agent signature requ	uired when reinstating) DATE
12.	<del></del>	VD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP .	☐ DELETE	11 TITLE	Change Addition
NAME	ALEXANDER, NORMAN		1.2 NAME	
STREET ADDRESS	7205 80TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 34616		1.4 CITY - ST - ZIP	
TITLE	DST ALEVANDED CANDDA	☐ DEL€TE	2.1 TITLE	Change Addition
NAME OTRES ADDRESS	ALEXANDER, SANDRA		2 2 NAME	
STREET ADDRESS	7205 80TH AVE BELLEAIR FL 34616		2 3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DV DV	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME	PLATTE, DAVID E	_ риси	3.2 NAME	
STREET ADDRESS	603 INDIAN ROCKS RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 34616		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			4.4 CiTY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		T point	5.4 CITY - ST - ZIP	Change Addition
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			= B 2 NAME	

6.3 STREET ADDRESS 64 CITY-ST-ZIP

**SIGNATURE:** 

I hereby certify that the information supplied with the indicated on this annual report or supplied and a officer or director of the corporation of the received Block 12 or Block 13 if changed, goog fin altograd.

STREET ADDRESS

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an prowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Feb 10 1998 8:00am