## 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

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90042 021 \*\*\*150.00

1. Corporation	MENT # P97000 CH ENTERPRISES INC	0060354					
D: : + D!	/B :	Na-ilian Adduses	·				
Principal Place		Mailing Address					
208 FOXTAIL DR 208 FOXTAIL DR APT G-3 APT G-3							
WEST PALM BEACH FL 33415 WEST PALM BEACH FL 334					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					07/10/1997		ation of Proper
2. Principal Place of Business 2a. Mailing Address				4. FEI Number 65-0794401	<u> </u>	plied For t Applicable	
21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc.					, _	\$8.75 A	
22	#, etc.	27			5. Certifcate of Status Desired	Fee Re	
City & State	e	City & State	<del> </del>		6. Election Campaign Financing	\$5.00	May-Ba_=-
23		28			Trust Fund Contribution	Added t	- 1
Zip	Country	Zip	Countr	ry	8. This corporation owes the current year		_
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		• Name	10. Name and Address of New Registers	ed Agent	
НАВ	OUCH, JOSEPH		8	1 Name			
	FOXTAIL DR		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
APT			8:	3			——
	ST PALM BEACH FL 33415		["	1			
			8	4 City		85 Zip (	Code
11 Purcuant	to the provisions of Sections 607 05	02 and 607 1508. Florida Statu	tes, the abo	ve-named co	rporation submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized b	v the comore	tion's board of directors. I hereby accept the an	nointment as rec	haratein
		C 0		y me corpora	months board of directors. Thoroby doops the ap	pointario in de 10;	gisteres
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statute	es.	and a popular of an editors. Thereby accept the ap-		gistered
agent. I a	m familiar with, and accept the obligations of registered agreement typed or printed name of registered agreement.	ations of, Section 607.0505, Fi	orida Statute	es.	nired when reinstating)		
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agent. I a	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable.  (NOT	orida Statute E: Registered Ag	ent signature requ	nired when reinstating) DATE	·	
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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 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:

GNATURE - MO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034

(561)686 4975 Daylume Phone #