PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077305

1. Corporation Name

CHAMELEON ENTERPRISES INC.

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90064 021 ***150.00



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Principal Place	of Rusiness	Mailing Address	_				40 20 1 400 1 200 1	1018) BIII 1071
Principal Place of Business Mailing Address P. O. BOX 780374 P. O. BOX 780374								
ORLANDO FL 3		ORLANDO FL 32878						
US US					DO NOT WRI	TE IN THIS	SPACE	
				[3. Date Incorporated or Qualifed			
<u></u>				<u> </u>	09/08/1997			
Principal Place of Business 2a. Mailing Address			11 1	?/	4. FEI Number		Apr	plied For
			<u>ckham Ko</u>	7	<u>59-3462830</u>			t Applicable
Suite, Apt. #, etc.			-		5, Certifcate of Status Desired	- 🗆 .	\$8.75 A	
22 #9/3				 ∤			Fee Re	 -
23 Melbourne FL 28 Melbourne			FL		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip Country Zip Zip Country			Country	[This corporation owes the curr	-		
24 3694	<u> </u>		Personal Property Tax.			(F)40		
9. Name and Address of Current Registered Agent 10. Name and Address							Agent	
NOK	ENNA, RAYMOND J	nna Vaumond	I. J.					
1700	82 Street	Addres	ss/(P.O, Box Namber is Not Accept	ible)				
	100	$2/\sqrt{\lambda}$	1. WICKNEW IC	<u>d</u>				
#606 ORLANDO FL 32828			83 #	7/3	 			
ONLYNDO PL 32020			84 200/	14			85 Zip Q	ode/ ~
			170	<u> 100 (</u>	Urric	<u> </u>	1 327	140
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 of florida. Such change was authorized by the corporation's heard of directors. I hereby accept the appointment as registered								
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 of 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 applied accept the obligations of Section 607.0505; Florida Statutes.								
SIGNATURE / XII/ CHEMINA KJ MCKENNA 4/26/97								
	Signature, typed or printed name of registered agent OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	egistered Agent signature re	équired w		DATE AND	D DIRECTO	DC IN 12
12.	PD OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OF	TICERS AN	1 Change	Addition
		,	12NAME	Mc	ckennz Roymand 67 N. Wickham Rd	J. 10		
NAME	MCKENNA, RAYMOND J P. O. BOX 780374 N/A		1.3 STREET ADDRESS	Tld.	ath Wicklasma Rd	# 913	:	}
STREET ADDRESS	ORLANDO FL 32878		1.4 CITY-ST-ZIP		elbourne FL 32	940		
C/TY-ST-ZIP TITLE	ONLANDO PE 32070	DELETE	2.1 TITLE	1-16	CIDOOVIIE C 0=		☐ Change	Addition
NAME -			2.2 NAME			_		_
STREET ADDRESS		1	2.3 STREET ADDRESS					
CITY-ST-ZIP			2, 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3,3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
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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			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	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 copposation of 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 chapted by an attachment with an address, with all other like empowered.

SIGNATURE: