

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90042 022 ***150.00

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000087211(3)
 1. Corporation Name **Chirographum, Inc.**

Principal Place of Business Mailing Address
 1859 N. Pine Island Road, Suite 156
 Plantation, FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 10/9/97

4. FEI Number
 65-0717949

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
 Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
 21 6079 Floral Lakes Drive

Suite, Apt. #, etc.

City & State

23 Delray Beach, FL

Zip

24 33484

Country

9. Name and Address of Current Registered Agent

Rochelle Penczak
 1859 N. Pine Island Road, Suite 156
 Plantation, FL 33322

2a. Mailing Address

26 6079 Floral Lakes Drive

Suite, Apt. #, etc.

City & State

28 Delray Beach, FL

Zip

24 33484

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
 Rochelle Penczak
 82 Street Address (P.O. Box Number is Not Acceptable)
 6079 Floral Lakes Drive

83

84 City Delray Beach

FL

85 Zip Code 33484

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 *Rochelle Penczak*
 Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE *4/26/99*

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE
 NAME Rochelle Penczak
 STREET ADDRESS 1859 N. Pine Island Rd, Ste 156
 CITY-ST-ZIP Plantation, FL 33322

TITLE VPS ☐ DELETE
 NAME Joseph B. Penczak
 STREET ADDRESS 1859 N. Pine Island Rd, Ste 156
 CITY-ST-ZIP Plantation, FL 33322

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☒ Change ☐ Addition
 1.2 NAME Rochelle Penczak
 1.3 STREET ADDRESS 6079 Floral Lakes Drive
 1.4 CITY-ST-ZIP Delray Beach, FL 33484

2.1 TITLE VPS ☒ Change ☐ Addition
 2.2 NAME Joseph B. Penczak
 2.3 STREET ADDRESS 6079 Floral Lakes Drive
 2.4 CITY-ST-ZIP Delray Beach, FL 33484

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 *Rochelle Penczak*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *5/25/99* (561-637-9760)
 Daytime Phone #

CR2E034 (1/98)