

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000092273 (6)**

1. Corporation Name
C.H.I. PROPERTIES, INC.

Principal Place of Business
**2665 N.E. 37TH DRIVE
FORT LAUDERDALE FL 33308**

Mailing Address
**2665 N.E. 37TH DRIVE
FORT LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
10/27/1997

4. FEI Number
65-0798838

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**TARKOE, CLINTON M
1040 BAYMEW DRIVE STE. 424
FORT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81	Name	Fred R. Millsaps, President,	
82	Street Address (P.O. Box Number is Not Acceptable)	2665 NE 37th Drive	
83			
84	City	Ft. Lauderdale,	FL
85	Zip Code	33308	

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

[Signature]

3-15-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLSAPS, FRED R	1.2 NAME	Director, President,
STREET ADDRESS	2665 N.E. 37TH DRIVE	1.3 STREET ADDRESS	and Treasurer
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLSAPS, WALTER S	2.2 NAME	Secretary, Asst. Treasurer
STREET ADDRESS	1906 BELLE ANGELINE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLSAPS, STEPHEN H	3.2 NAME	
STREET ADDRESS	5220 SPRING CREEK LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA 30350	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLSAPS, JUDITH G	4.2 NAME	
STREET ADDRESS	2083 ST. ANDREWS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BERYIN PA 19312	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.

SIGNATURE:

Fred R. Millsaps

[Signature]

3-15-98

(954) 564-2665

CP2E034 (10/97)