


**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90079 042 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000096315**

1. Corporation Name  
**CHUTZPAH ENTERPRISES, INC.**

Principal Place of Business  
**1211 W. FLETCHER AVENUE**  
**TAMPA FL 33612**

Mailing Address  
**1211 W. FLETCHER AVENUE**  
**TAMPA FL 33612**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2957 NW Pine Ave</b>		2a. Mailing Address 26 <b>P.O. Box 3805</b>		3. Date Incorporated or Qualified <b>11/12/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>APPLIED FOR 59-3477604</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State <b>Ocala FL</b>		28 City & State <b>Ocala, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>34471</b>		29 Zip <b>34478</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country <b>USA</b>		30 Country <b>USA</b>			

9. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **Lisa L. Hageloh**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2957 NW Pine Ave.**  
 83  
 84 City **Ocala** **FL** 85 Zip Code **34471**

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, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/30/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGELOH, LISA C.</b>	1.2 NAME (same)	<b>Lisa C. Hageloh</b>
STREET ADDRESS	<b>1211 W. FLETCHER AVENUE</b>	1.3 STREET ADDRESS	<b>2957 NW Pine Ave.</b>
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	1.4 CITY-ST-ZIP	<b>Ocala, FL 34471</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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:

**Lisa L. Hageloh, President**  
**Lisa L. Hageloh, President**

Date

Daytime Phone #

CR2E034 (1/98)