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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000098286 (2)

C H C INVESTMENTS, INC.

Principal Place of Business Mailing Address  1321 FAWN AVE 1321 FAWN AVE					
•				3. Date Incorporated or Qualified	
				11/17/1997	
2. Principal Plac	ce of Business	2a. Mailing Address	_	4. FE Number Applied For	
21		26		59-3479987 Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27		Certificate of Status Desired     Fee Regulred	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23	<del></del>	28		Trust Fund Contribution LJ Added to Fees	
<b>Z</b> ip <b>24</b>	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24]	25 Name and Address of Curr	29 ent Registered Agent	30	Personal Property Tax due June 30.  Yes No  10, Name and Address of New Registered Agent	
IOUN	<del></del>	om riogiotorou rigori.	81 Name		
	ISON, MICHAEL				
1321 FAWN AVE DELTONA FL 32725			82 Street	t Address (P.O. Box Number is Not Acceptable)	
DELIGRA PL 32723			83		
			84 City	FI 85 Zip Code	
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 region					
office or reg	i <b>ste</b> red agent, or both virthe Sta familiar with, and accordance obt	te of Florida. Such change was loations of, Section,607,0505. F	authorized by the cor lorida Statutes	rporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE _	my X	ر برخی ام ۱۸۰	/ \an \/ - \		
SIGNATURE	dature, yped or protect name in registered r	gentand tite dapple abo (NC	PIT Regis wed Agent signatur	re required when reinstating) DATE	
12.	<del></del>	MP DINECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		EMURE DELETE	1.1 THE	Change Addition	
NAME	Michael S JOHN	BON	1.2 NAME		
STREET ADDRESS	1321 FOUN AVE	, , , , , , , , , , , , , , , , , , ,	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELTONA, FL	OELETE	1.4 CITY+ST-ZIP 2.1 TITLE	Change Addition	
	•			C Change	
NAME Street address			2.2 NAME 2.3 STREET ADDRESS	4	
			2.4 CITY-ST-ZIP		
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	
NAME			4. 2 NAME		
STREET ADDRESS			. 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	5 1 TiTLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP		The same of the sa	5 4 CITY - ST - ZIP		
TITLE	1.	[ ] DELETE	61 TITLE	Change Addition !	

6.2 NAME

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 encowered 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.

**FILED** 

Apr 30 1998 8:00am

Secretary of State