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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000106535

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CHAMPION VENTURE FUND, INC.

					10001000 170 1007 007 007 007 007 007 0	TOTAL OURSE STROET	LIL u l Bill ibbi
Principal Place of Business Mailing Address							
2180 PARK AVE N. STE 100 2180 PARK AVE N. STE 100 WINTER PARK FL 32789 WINTER PARK FL 32789							
					DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					12/18/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21		26			59-3490330	No ^t	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27		- -	3. gormaja jar Statas Boomsa (2)		quired
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year Inte		□No
24	25	29 3	0		Personal Property Tax. 10. Name and Address of New Registered A	<u> </u>	
	9. Name and Address of Curr	ent Registered Agent	81	I Name	10. Italie uno Adaless di Itali Itagista da	-180.11	
CHA	MPION, CHARLES J JR.						
2180 PARK AVE N, STE 100				2 Street A	Address (P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32789			83	3			-
			ļ <u>.</u>			7:- (Sa da
			84	4 City	FL	85 Zip C	,ode
agent. I a	im familiar with, and accept the obli-	gations of, Section 607.0505, Florid	ia Statute	S.	oration's board of directors. I hereby accept the appoint required when reinstating) ADDITIONS/CHANGES TO OFFICERS AN		
12.	PSTD	DELETE	13. 1.1 TITLE	 T	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	CHAMPION, JR C J		1.2 NAME				_
AAAA DADWAAFAUE NOOTH OUTE 400				ET ADDRESS			
STREET ADORESS	WINTER PARK FL 32789	i, 30HE 100	1.4 CITY-1				
CITY-ST-ZIP TITLE	WHITEIT FAIRTE 02703	☐ DELETE	2.1 TITLE	31-ZIF		Change	☐ Addition
NAME		_	2.2 NAME				
STREET ADDRESS			•	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME	, ,			
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	DELETE 4.11		4.1 TITLE	ĺ		Change	Addition
NAME			4. 2 NAME	ŧ			
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	-		Change	☐ Addition
TITLE		☐ DELETE	5 1 TITLE			Change	☐ Addison
NAME			5.2 NAME	i			
STREET ADDRESS			5.4 CITY-	ET ADORESS			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

May 06, 1999 8:00 am Secretary of State

05-06-1999 90298 024 ***600.00

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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 of 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address, with all other like empowered.