

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

FILED

99 SEP -9 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041060
1. Corporation Name
M.L. CHINDAMU, Inc.

Principal Place of Business Mailing Address
360 WEST HORNBEAM DR
LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 SAME AS ABOVE
Suite, Apt. #, etc.

2a Mailing Address
26 SAME
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
5/6/98

4. FEI Number
59-3513088
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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

22 City & State
23 Longwood
24 32779
25 USA
Country

27 City & State
28 FLORIDA
29 Zip
30 Country

9. Name and Address of Current Registered Agent

Michael L. Chindamu
360 WEST HORNBEAM DR
LONGWOOD, FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 Michael L. Chindamu 8/26/99
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-ST-ZIP
12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY-ST-ZIP
12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-ST-ZIP
12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-ST-ZIP
12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 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: Michael L. Chindamu 8/18/99 403-569-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

2

August 20, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
ATTN: Sean Toner

Dear Mr. Toner:

As per our conversation on Thursday, August 19, 1999, enclosed please find the information that we discussed. Please note that the check and enclosed corporate annual report is for M.L. Chindamo & Associates, Inc. Tax I.D. number is 59-3513088.

Thank you very much for your consideration. If there are any questions, please give me a call. (407) 869-4449

Michael L. Chindamo

Michael L. Chindamo