PROFIT CORPORATION ANNUAL REPORT

4000



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 22, 1999 8:00 am Secretary of State

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DOCUMENT # P98000	046513				
1, Octporation Hand					
CHO MOTORS GP INC.			3 AMARIA ARTIN ARTIN ARTIN ARTIN ARTIN ARTIN ARTIN ARTIN ARTIN	OKRIJE OTIGA GALEK II	<b>92 F</b> (FH ( <b>62</b> )
Principal Place of Business	Mailing Address			I MIBIN MIINI AKHAN EI	E10 ()61 (08F ,
306 PABLO OAKS COURT	4306 PABLO OAKS COURT				
ACKSONVILLE FL 32224	JACKSONVILLE FL 32224		DO NOT WRITE IN THIS	S SPACE	
			3. Date Incorporated or Qualified		
			05/22/1998		
2. Principal Place of Business	2a. Mailing Address		▲ FEI Number		led For
]	26		59-3513033		Applicable
Sulle, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad Fee Req	
	27 City & State		6. Election Campaign Financing	\$5,00 N	
City & State	28		Trust Fund Contribution	Added to	
Zip Country	Zip	Country	8. This corporation owes the current year in		_
25	29 3		Personal Property Tax.		]No
9. Name and Address of Curren	t Registered Agent	_ 81 Name	10. Name and Address of New Registered	Agent	
F&L CORP.		` \\`\			
200 LAURA STREET JACKSONVILLE FL 32202		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
		83			
	,	F4 614		85 Zip Co	de
		84 City	Fl	_ J `` I	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga SIGNATURE  Signature, typed or printed name of registered agent.	nt and tide If applicable. (NOTE: R	legisland Agard signatura requ			
	D DIRECTORS			ND DIDECTOR	
TLE D  AME COGGIN, LUTHER	D DEI ETE	13.	ADDITIONS/CHANGES TO OFFICERS A		
TREET ADDRESS 4306 PABLO OAKS COURT	☐ DELETE	1.1 TITLE		ND DIRECTOR	S IN 12
	☐ DELETE	1.1 TITLE 1.2 NAME			
TV.ST-7P JACKSUNVILLE FL 32224	□ DELETE	1.1 TITLE			☐ Addition
ms P	OELETÉ	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			
TOWN Charlie	OELETÉ	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change	☐ Addition
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TOMM, Charlie Tomm, Charlie Treetadoress 4306 Pario Oaks  Try, ST-2P Jack Sonyile FL	C+ 32224	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change	☐ Addition
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TOMM, Charlie TREETADDRESS 4306 Pablo Oaks TY-ST-ZP Jacksony: Ne FL THE NOBLE, Nancy THE NOBLE NANCY THE NOBLE NANCY	□ OELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change	Addition
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TOMM, Charlie Tomm, Charlie Jacksony: Ne FL  ME WOOLE, Nancy ME WOOLE, Nancy ME WOOLE, Nancy ME WOOLE, Nancy MALE TREETADORESS  THE MALE MALE MALE MALE MALE MALE MALE MAL	C+   DELETE     DELETE       DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change	Addition Addition Addition
TOMM, Charlie Tomm, Charlie Jacksony: Ne FL Woble, Nancy Jacksony: Ne FL Woble, Ne Jacksony: Ne Jacksony	C+   DELETE     DELETE       DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change	Addition Addition Addition
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TOMM, Charlie  TOMM, Charlie  STREET ADDRESS  4306 Pablo Oaks  Jacksonville FL  WARE  WARE  TOMM, Charlie  Tommedia	C+	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change  Change  Change	Addition Addition Addition

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 eath; 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP