

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90006 040 ***550.00

DOCUMENT # P98000073634

Corporation Name
CHI CAZZ, INC.



Principal Place of Business
95 GENESEA LN.
RO BEACH FL 32963

Mailing Address
2295 GENESEA LN.
VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/20/1998	
4. FEI Number 65-0863524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Principal Place of Business 13927 Doubletree trail Suite, Apt. #, etc.	2a. Mailing Address 13927 Doubletree trail Suite, Apt. #, etc.
City & State Wellington FL	City & State Wellington FL
Zip 33414	Zip 33414
Country USA	Country USA
9. Name and Address of Current Registered Agent CATONE, GUY 2295 GENESEA LN. VERO BEACH FL 32963	
10. Name and Address of New Registered Agent 81 Name ROGER L BACON 82 Street Address (P.O. Box Number is Not Acceptable) 13927 Doubletree trail 83 84 City Wellington FL 85 Zip Code 33414	

I, 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 of 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] 7-6-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	1.2 NAME ANGELA B GUERRA	
3. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 13927 Doubletree trail	
4. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Wellington, FL 33414	
5. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
7. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
9. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
11. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
13. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
15. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
19. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
21. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
23. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24. LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/99 661-5591360

CR2E034 (5/99)