

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  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90032 035 \*\*\*150.00

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DOCUMENT # P98000094647

1. Corporation Name  
CHICKA POM, INC.

Principal Place of Business  
1040 BAYVIEW DRIVE #600  
FT. LAUDERDALE FL 33304

Mailing Address  
1040 BAYVIEW DRIVE #600  
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

4. FEI Number

58-2426019

Applied For

Not Applicable

2. Principal Place of Business

21 1536 E. Commercial Blvd.

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, FL

Zip Country

24 33334

25 USA

2a. Mailing Address

26 1536 E. Commercial Blvd.

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL

Zip Country

29 33334

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

GOFF, CHARLES A  
1040 BAYVIEW DRIVE #600  
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

SAWSAN ELSHAER

82 Street Address (P.O. Box Number is Not Acceptable)

1536 E. COMMERCIAL BLVD.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33334

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 *Sawsan Elshaer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME GOFF, CHARLES A  
STREET ADDRESS 1040 BAYVIEW DRIVE #600  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☐ Change ☒ Addition  
1.2 NAME Anwar Salah ElShaer  
1.3 STREET ADDRESS 1536 E. Commercial Blvd.  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33334

2.1 TITLE Secretary/Treasurer/Director ☐ Change ☒ Addition  
2.2 NAME Sawsan ElShaer  
2.3 STREET ADDRESS 1536 E. Commercial Blvd.  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33334

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: *Sawsan Elshaer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/99

Date

Daytime Phone #

CR2E034 (11/98)