## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	MENT # <b>S176</b>	10	(4)						
Corporation	Name		(4)						
CHAR	ILES CHIPS OF CENTRAL	FLORIDA, INC	<b>C</b> .			h 1661181 B 184 1164 184			
incipal Piace of Business		Mailing Address				I BAJAR <b>BAŞŞ</b> Î RŞAL <b>B</b> A	IORE OIDIL OIDEA	1011 34911 01011 1 <b>1</b>	
2962 FORSYTH RO. WINTER PARK FL 32792 US		2952 FORSYTH RD. WINTER PARK FL 32792 US							
						<ol> <li>Date Incorporated or Qua 12/06/1990</li> </ol>	alified 3a, [	Date of Last F 01/19/1	
Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-3039019		Applied For			
Suite, Apt. #	, etc	Suite, Ap	t #, etc			5. Certificate of Status Desire		\$8.7	Not Applicat  5 Additional
Con S Chal		[27]				5. Certificate of Status Desire	ed [	Fee	Required
City & State		City & St.	ate			6. Election Campaign Finance Trust Fund Contribution	ting 🔲		00 May Be
Zip	Country	Zφ		Country		8. This corporation has liabile		e tax under s	
	25 9. Name and Address of Curre	nt Registered Age		30		Florida Statutes  10. Name and Address of N	Yes No		
*				81	Name				
Greenberg, William A. 6500 Highway 17-92 Fern Park Fl 32730				82	Street Ada	ress (P.O. Box Number is Not Acc	ceptable)		
				83		AN WALL			· · · · · · · · · · · · · · · · · · ·
				84	City			05 2	ia Cada
Tet Then Will	o the provisions of Sections 607,050 Id agent, or both, in the State of Flor I, and accept the obligations of, Sec	2 and 607,1508 file ida Such change w tion 607,0505, Flori	orida Statutes, vas authorized da Statutes.	, the above n	City armed corpo oration's boa	ration submits this statement for the directors. Thereby accept the	he purpose of e appointment		ip Code registered of d agent. I am
SNATURE	Sylamostapes of perfect and obligations of, Sec. OFFICERS AN	aon 607,0303, Pion asses tra Cossi, Silva 4D D RECTORS	Os Statutes. ∱εστε	the above not by the corporate Agent	arned corpo oration's boa	ration submits this statement for the role of directors. Thereby accept the statement for the statement of t	he purpose of e appointment DATE	changing its as registered	registered off d agent. I am DRS IN 12
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SIGNATURE:

NATURE AND TYPED OF FRIMED NAME OF SIGNING OFFICER OR DIRECTOR

407-674-0152