

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S46652** (1)

1. Corporation Name  
**CHAIN REACTION ENTERPRISES, INC.**



Principal Place of Business

**661-A CYPRESS LAKE BLVD  
POMPANO BEACH FL 33064  
US**

Mailing Address

**661-A CYPRESS LAKE BLVD  
POMPANO BEACH FL 33064-5090  
US**

2. Principal Place of Business

21 **401 SE 1 AVE**

Suite, Apt. #, etc.

22 **Pompano Beach FL**

City & State

23 **FLORIDA**

Zip **33062**

Country **U.S.A.**

2a. Mailing Address

26 **401 SE 1 AVE**

Suite, Apt. #, etc.

27 **Pompano Beach FL**

City & State

28 **Pompano Beach FL**

Zip **33062**

Country **U.S.A.**

3. Date Incorporated or Qualified

**04/18/1991**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**65-0258002**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HOLZMANN AVNER  
661-A CYPRESS LAKE BLVD  
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **HOLZMANN, AVNER**  
STREET ADDRESS **661-A CYPRESS LAKE BLVD**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **V** ☒ DELETE  
NAME **BEN-JOSEPH, AVRAHAM**  
STREET ADDRESS **651-C CYPRESS LAKE BPVD**  
CITY-ST-ZIP **POMPANO BEACH FL**

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** ☒ Change ☐ Addition  
1.2 NAME **Avraham Ben Joseph**  
1.3 STREET ADDRESS **401 SE 1 AVE**  
1.4 CITY-ST-ZIP **Pompano Bch FL 33062**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 do 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: **Avraham Ben Joseph**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/97**

Date

**954-572-1170**

Daytime Phone #

CR2E034 (9/96)