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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED 97 OCT -6 AM 10: 41

DOCUMENT # S54325				# # # # # # # # # # # # # # # # # # #	
· · · · · · · · · · · · · · · · · · ·				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
CHAMBI	ER VALUES, INC.			TALLAHASSEE, FLORIDA	
				1 Parent and 1	
	ce of Business	Mailing Address	1 A 1		
	PALM BAY RD.	1036 SANDY			
SUITE 2-E PALM BAY, FL			FL. 32905		
	BAY, FL. 32905	US		3. Date Incorporated or Qualified 3a, Date	of Last Report
US					-26-1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3068167	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Cermicate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation has liability for intangible to	
24	25	[29]	30	Florida Statutes Yes	
-	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Registered A	jent
	SSER, GARY T.		DI Name		
2115 PALM BAY RD.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 2-E			B3		
PALM BAY, FL. 32905			63		
	·		84 City	P 1	85 Zip Code
44 Durayaati	to the gravitaione of Spotions COZ OF C	00 and C07 4500 Florida C		FL	
office or r	egistered agent, or both, in the State	of Florida, Such change v	atutes, trie above-hamed cor as authorized by the corpora	poration submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	hanging its registered ntment as registered
agent La	m familiar with, and accept the oblig	ations of, Section 607.0508	i, Florida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	ad and tilled annihoonle	(NOTE Bugistered Agent signature requ	ared when reinstating) DAT(
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	PD	☐ DELETE	1 1 TITLE		Change Addition
NAME	NŬNGESSER,GARY T.		1.2 NAME	700002316	0677
STREET ADDRESS	4000 04404 444		1.3 STREET ADDRESS	12 NAME 70002316067	
CITY-ST-ZIP	PALM BAY, FL. 3290	05	14 CITY - ST-ZIP	****165.00	****165.00
TITLE	\$TD	DELETE	21 TITLE		Change Addition
NAME	NUNGESSER, RENE C.		2.2 NAME		1
STREET ADDRESS	I 4006 CANDY IN NI E		2.3 STREET ADDRESS		
CITY-ST-ZIP PALM BAY, FL. 32905					
TITLE .		JO	2 4 City-St-ZiP		
		DELETE	2 4 CHY-ST-ZIP 3 1 THE		Change Addition
NAME					Change Addition
NAME & STREET ADDRESS			3 1 10146		Change Addition
• '		□ DELETE	3.1 TOLE 3.2 NAME		Change Addition
STREET ADDRESS			3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP		□ DELETE	3 1 104 £ 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE		□ DELETE	3 1 1046 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-SI-ZIP 4 1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3 1 1114		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-SI-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	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
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DETELE	3 1 TILLE 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 Addition Onange Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DETELE	3 1 TILLE 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 Addition Onange Addition

14. I do hereby certify that the information supplied with this kling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this argual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath, that I am an officer or director of thy comporation or the receiver or trusted 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:

9-25.97



SEPTEMBER 16, 1997

DIVISION OF CORPORATIONS ATTN: LESLIE SELLERS P.O. BOX 6327 TALLAHASSEE, FL. 32314

RE: REPLACEMENT CHECKS FOR: CHAMBER VALUES- \$54325 WILLLIAMS-NUNGESSER INS.-G93952

DEAR LESLIE,

ENCLOSED, YOU WILL FIND A COPY OF EACH ORIGINAL REPORT WHICH WAS MAILED ON 4-25-97 WITH A COPY OF THE CHECKS.

PER YOUR REQUEST, I HAVE RE-SIGNED EACH COPY AND ATTACHED A NEW REPLACEMENT CHECK FOR EACH CORPORATION.

AT THIS POINT, I CAN ONLY ASSUME THAT THE ORIGINAL REPORTS ARE LOST IN POSTAL SPACE SOMEWHERE! IF YOU COULD, I WOULD APPRECIATE A CALL NOTIFYING ME THAT YOU HAVE RECEIVED THIS COPY.

THANKING YOU FOR YOUR HELP IN THIS MATTER.

SINCERELY,

RENE C. NUNGESSER

P.O. Box 061389 • Palm Bay, Florida 32906 2115 Palm Bay Road NE • Suite 2E • Palm Bay, Florida 32905

Phone: (407) 725-9300 Fax: (407) 725-9301