

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S58388

(7)

1. Corporation Name

CHAMELEON PRODUCTS, INC.



Principal Place of Business

Mailing Address

~~4417 CONLEY ST
ORLANDO FL 32811~~

PO BOX 552107
ORLANDO FL 32855-2107
US

3711 Delamere Ct.
Orlando, FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1991

2. Principal Place of Business

2a. Mailing Address

21 3711 Delamere Ct.

26 Suite, Apt. #, etc.

22 Orlando FL

27 City & State

23 City & State

28 City & State

24 32808

29 Zip

25 Orange

30 Country

4. FEI Number

59-3067863

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PITTS, ROBERT
4417 CONLEY ST
ORLANDO FL 32811

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

Robert V. Pitts

(NOTE: Registered Agent signature required when reinstating)

4/10/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC
NAME PITTS, ROBERT V
STREET ADDRESS 4669 ZORITA ST
CITY-ST-ZIP ORLANDO FL

☒ DELETE

1.1 TITLE PC
1.2 NAME Robert V. Pitts
1.3 STREET ADDRESS 3711 Delamere Ct.
1.4 CITY-ST-ZIP Orlando, FL 32808

☒ Change ☐ Addition

TITLE P
NAME PITTS, ROBERT V.
STREET ADDRESS 4669 ZORITA ST
CITY-ST-ZIP ORLANDO FL

☒ DELETE

2.1 TITLE P
2.2 NAME Robert V. Pitts
2.3 STREET ADDRESS 3711 Delamere Ct.
2.4 CITY-ST-ZIP Orlando, FL 32808

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

Robert V. Pitts

4-10-98 407-237-3158

CR2E034 (10/97)