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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$58388

 Corporation 	n Name	•				
CHAMEL	EON PRODUCTS, INC.					
					LALAK BIRK BIRK ALAK P	
					8 8 8 8 8 8 8 8 8 8	
Principal Place of Business Mailing Address						
		PO BOX 552107				
ORLANDO FL 32808 US		ORLANDO FL 32855-2107 US		DO NOT WRITE IN THIS SPACE		
00				3. Date Incorporated or Qualifed		_
		_		06/05/1991		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		olied For
21		26		59-3067863		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State	Ω	City & State		6. Election Campaign Financing	\$5.00	
23	•	28		Trust Fund Contribution	Added to	, I
Zip	Country	Zip	Country	8. This corporation owes the current y	ear Intangible	
24	25	29 3	0	Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Regis	tered Agent	
DITT	e noncot		81 Name	Vobert V. P	in this	
	s, robert Conley St		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	10.1-	
	ANDO FL 32811		83	III De CAMERI		
OND	ANDO LE SZOTI		°3			
			84 City	0/04/00 "	FL 85 230 C	30d200
				C/ANCLO		<u>-0 00 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
44 Durayant	to the provisions of Captions 607 (2502 and 607 1508 Florida Statutes	the above-named cou	moration submits this statement for the purp	ose of changing its :	registered
11. Pursuant office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	0502 and 607.1508, Florida Statutes ate of Florida. 20ch change was aut	, the above-named con horized by the corpora	rporation submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing its a appointment as reg	registered gistered
	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	0502 and 607.1508, Florida Statutes ate of Florida. 80th change was auti ligations of, Section 607.0505, Florid	t, the above-named conhorized by the corporal la Statotes.	rporation submits this statement for the purption's board of directors. I hereby accept the	ose of changing its is appointment as reg	registered gistered
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl Sunature Nigot or printed name of registered	V. Witte	, the above-named con horized by the corporal la Stalutes.	ired when reinstating) D	79 ATE	
	Standard Nygod or printed name of registered OFFICERS	agent and lufe if applicable (NOTE: R AND DIRECTORS	egistered Agent signature requi	<u> </u>	ATE RS AND DIRECTOR	 RS IN 12
SIGNATURE	Surfacing Open or printed mans of registered OFFICERS	agent and tute if applicable (NOTE:	egistered Agent signature requi	ired when reinstating) D	79 ATE	
SIGNATURE	Suprishing the property of printed many of registered OFFICERS PC PITTS, ROBERT V	agent and lufe if applicable (NOTE: R AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ired when reinstating) D	ATE RS AND DIRECTOR	 RS IN 12
SIGNATURE 12. TITLE	OFFICERS PC PITTS, ROBERT V 3711 DELAMERE CT	agent and lufe if applicable (NOTE: R AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating) D	ATE RS AND DIRECTOR	 RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PC PITTS, ROBERT V 3711 DELAMERE CT ORLANDO FL 32808	agent and use if applicable (NOTE: R) AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating) D	RS AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	OFFICERS PC PITTS, ROBERT V 3711 DELAMERE CT ORLANDO FL 32808 P	agent and lufe if applicable (NOTE: R AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ired when reinstating) D	ATE RS AND DIRECTOR	 RS IN 12
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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 or in attachment with an address, with all other-like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS