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

DOCUMENT # S86834

(6)

CHOSSLAND HOLDINGS COMPANY

Principal Place of Business

Mailing Address

FILED 97 APR 30 PM 1: 47

SECRETARY OF STATE	
TALLAHASSEE, FLORIDA	
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TALLAHASSEE, FLORIDA	

220 JOHN KNOX ROAD. SUITE 2 TALLAHASSEE FL \$2303		220 JOHN KNOX ROAD. SUITE 2 TALLAHASSEE FL 32303-6611						
	_				3. Date Incorporated or Qualified 10/11/1991		e of Last 15/199	
2. Principal Place of Business 2e. Mailing Ad					4. FEI Number 59-3211697	-	<u> </u>	Applied For
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.			39-32 (1097	Not Applicable \$8.75 Additional		
22		27			5. Certificate of Status Desired			Additional Required
City & Stat	e	City & State			6. Election Campaign Financing		\$5.0	O May Be
23		28			Trust Fund Contribution	\Box_{\prime}		d to Fees
Zip 24	Country 25	7)p 29	Country 30			Yes [No	s. 199.032,
(50)	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Rec	istered A	gent	
	MIN, PERRY) John Knox Road		61	Name				
SUITE 2				Street Add	Address (P.O. Box Number is Not Acceptable)			
	LAHASSEE FL 32303		83					
				City			11 =	
			84	City		FL	1	p Code
office or r agent. I a SIGNATURE	to the provisions of Sections 507 0502 registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the section of the state of the section of t				rporal on submits this statement for the pu ation's board of directors. I hereby accep- ared when reinstating)	urpose of o	changing intment a	rts registered as registered
12.	OFFICERS AND		18.	an agridicate resp.	ADDITIONS/CHANGES TO OFFICE		DIRECTO	DRS IN 12
TITLE	P	☐ DELETE	1.5 TIFLE			7	Change	DRS IN 12
NAMÉ	ERWIN, PERRY		1.2 NAME					
STREET ADDRESS	220 JOHN KNOX ROAD, #2 TALLAHASSEE FL		1.3 STREET					
CITY-ST-ZIP TITLE	D	☐ DELETE	14 CHY-S 21 Bill	1-714			Change	- I barrion
NAME	MARSHALL, W D JR.	[] bittit	2 1 DILE 22 NAME			L	Change	: [_] Addition
STREET ADDRESS	220 JOHN KNOX ROAD, #2		2.3 \$1REE1	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		2 4 011 Y - S					
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STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S					
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NAME			5.2 NAME					
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NAME		[_] LA.L.1¢	6.2 NAME		6	新八才	~\U?9	Addition
STREET ADDRESS			6.3 STREET	ADDRESS.	Y.	}/*\\\^	\vee \setminus	
CITY-ST-ZIP			6.4 CITY - S		\mathcal{T}	$\mu \lambda \lambda \lambda$		
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4. 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 Statute. Further certify that the information indicated on this 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 corplication 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 changes, or on an Alachment with an address.

Man Paris

11/2/100

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