FILE NOW: FILING FEE AFTER M.	AY 1 IS \$225.00
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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	Control of	DIVISION	OF COF	PORATI	ONS					
	CUMENT # oration Name	V08894	(0)	)							
CH	HILDCO, INC.						( 1889) BURU BODO HERA IBIIA EBU	A BOOK BANKA BANKA BANKA	<b>8/8/11 8/18/11 8/8</b> /8/		
Principa!	Principal Place of Business Mailing Address										
2030 NW BOCA RATON BLVD BAY #1 BOCA RATON FL 33431			2030 NW BOCA RATON BLVD BAY 1 BOCA RATON FL 33431								
US			US				3. Date Incorporated or Qualified 01/24/1992	3a. Date of La 04/28/			
21	pal Place of Business		2a. Mailing Address 26				4. FEI Number 65-0325610		Applied F Not Appli		
Suite, Apt. #, etc.			Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired	1 (	.75 Addition		
23	<u> </u>						Election Campaign Financing     Trust Fund Contribution		5.00 May B		
Zıp <b>24</b>	25		Zip Country <b>30</b>			8. This corporation has liability for intangible tax under s 199.0 Florida Statutes ☐ Yes ☐ No					
	9. Name and	Address of Current Re	gistered Agent				10. Name and Address of New F	legistered Ageni	<del></del> -		
BOH	HLMAN, CHRISTOPH	IER A			81 82	Name	Address (P.O. Box Number is Not Acceptat				
203	O NW BOCA RATON	i BLVD			62	Street A	address (F.O. Box Number is Not Acceptat	ile)			
BAY					83						
İ	CA RATON FL 3343				84	City		FL 85	Zip Code		
11. Pursu or reg familia	uant to the provisions or gistered agent, or both, iar with, and accept the	Sections 607.0502 and in the State of Florida. Soligations of, Section 6	l 607.1508, Florida Sta Such change was auth i07.0505, Florida Stati	atutes, the orized by utes.	above-r	amed cor oration's b	rporation submits this statement for the purporation of directors. I hereby accept the app	pose of changing ointment as registi	its registered ered agent. I a		
SIGNATU		o name of registered agont and til	Pa if an averable	AUOTE D.							
12.	and an open of prince	OFFICERS AND DI			13.	signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	OT ODE IAL 40		
TITLE	Р		DELETE		1. 1 TITLE		ADDITIONO/OHANGES TO OFF	CERS AND DIRECT			
NAME					1.2 NAME				.å∞ □1 ∨00⊓		



Applied For Not Applicable \$8.75 Additional Fee Required **\$5.00** May Be Added to Fees

	to the provisions of Sections 607.0502 and 607 ed agent, or both, in the State of Florida. Such th, and accept the obligations of, Section 607.0:		, the above-named corp I by the corporation's bo	poration submits this statement for the purpose of changing its registered office pard of directors. I hereby accept the appointment as registered agent. I am			
SIGNATURE _	Signature, typed or printed name of registered agent and title if ap	BOTC					
12.	OFFICERS AND DIRECT		Registered Agent signature required when reinstating!  13. ADD/TI/ONS/CHANGES TO DEFICE RS AND DIRECTORS IN 12				
Title	P	DELETE	1.1 IIILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	BOHLMAN, CHRISTOPHER A	- Decere		☐ Change ☐ Addition			
STREET ADDRESS	2030 NW BOCA RATON BLVD		1.2 NAME				
	BOCA RATON FL		1.3 STREET ADORESS				
CITY-SI-ZIP TITLE	VP	DELEGE	1.4 CITY - ST - ZIP				
	**	DELETE	2 1 TITLE	Change Addition			
NAME	EARWOOD, DAVID	`	2 2 NAME				
STREFT ADDRESS	2030 NW BOCA RATON BLVD		23 STREET ADDRESS				
CHTY - ST - ZIP	BOCA RATON FL		24 CITY-ST-ZIP				
TITLE		□ DELETE	3.1 TITLE	Change Addition			
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP	<u></u>		3.4 CITY-ST-ZIP				
TITLE		DELETE	4. 1 TITLE	Change Addition			
NAME			4 2 NAME	quad V band			
STREET ADDRESS			4.3 STREET ADDRESS	·			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	-	DELETE	5. 1 TITLE	☐ Change ☐ Addition			
NAME			5.2 NAME	, —			
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5 4 CITY - ST - ZIP				
TITLE		DELETE	6 1 TITLE	Change Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 attraction with an address.

SIGNATURÉ: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)